

**Draft**

# **Fixing United States Health Care --- Citizen Letters**

(Updated 2026-04-27)



# **Fixing United States Health Care --- Citizen Letters**

***T Michael White MD***

<https://www.fixingushealthcare.com/>

<https://substack.com/@tmichaelwhitemd>



***Moving from...***

***To...***



## ***Partnering for Universal Citizen Access to ABC- STEEEP***

***(affordable, basic/necessary, compassionate - safe, timely,  
efficient, effective, equitable/just, patient-centered care)***

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# ***Preface***

## **Preface I.**

### **The Message --- Fix United States Health Care**

*“You were born to win, but to be a winner,  
you must plan to win, prepare to win, and expect to win.”*

Zig Ziglar

*July 4<sup>th</sup>*

*Fine Citizens hello.*

Thank you for allowing me to enter your space in these complicated health care times to decently, gently, kindly, yet forcibly, convey that we must partner to fix United States health care. The compelling reasons:

1. United States health care is an unplanned non-system;
2. Rudderless, United States health care has evolved into a certifiable, cataclysmic, catastrophic, chaotic, unaffordable hot mess. If that sounds harsh, it just is not harsh enough;
3. In general, there is no concern for the quality and safety of our care. If a patient is in the right place; at the right time; and before the right clinician (and that is a lot of ifs), a courageous, expert ‘Better Angel’ will almost always provide superb care. However, for many such care is now inaccessible and/or unaffordable;
4. That which is required (and missing) is a planned United States Health Care System (USHCS) that will, by design, provide our fine citizens with universal access to affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP);
5. Without this planned system, our fine citizens are in a crisis in which uninsured (and increasingly even ‘insured’) individuals face insurmountable health care charges that place career, education, finance, food, health, housing and retirement securities in jeopardy if/when significant illness or injury intervene;

To address this crisis, our fine citizenry must, at this never-too-late date, create, as taxpayer funded, single-payer, regional provider infrastructure, a planned United States Health Care System (USHCS).

If/when naysayers observe (as they daily do), “nothing can be done,” our fine citizenry must insist that “there are solutions that the conscience, character and will of our fine, decent, virtuous citizenry can and will make happen.”

Once designed and implemented, our planned United States Health Care System (USHCS) will provide our fine citizens universal access to affordable, basic/necessary,

compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP) and our citizens, families, institutions (hospitals), communities and nation will be in a secure better place.

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushealthcare.com/>

*Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD*



## **Preface II.**

### **A Humble Voice --- Please Strain to Hear**

*“Stand before the people you fear and speak your mind --- even if your voice shakes.”*

Maggie Kuhn

*“When the whole world is silent, even one voice becomes powerful.”*

Malala Yousafzai

*July 4<sup>th</sup>*

*Fine Citizens hello.*

As I step forward with the critical message --- the conscience, character and will of our fine virtuous citizenry must create, as tax-payer funded, single-payer, regional provider infrastructure, a planned United States Health Care System (USHCS) that will, by design, provide our fine citizens universal access to affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP) --- despite three years of preparation, I have struggled to find a voice that will be heard. After review...

1. I am at my best when I communicate my carefully considered thoughts directly to individuals who may care;
2. Therefore, my instrument for communication will be personal letters to fine citizens like you: *Fixing United States Health Care --- Citizen Letters*;
3. I am cognizant of and comfortable in my own skin --- the ancient, wizened, academic, administrative and clinical physician who is in the business of advancing our fine citizens' universal access to ABC-STEEEP;
4. Although my messages will at times, by necessity, be disconcertingly alarming, I will endeavor to maintain decent, gentle and kind decorum at all times;
5. I recognize that some may consider my quest to be hopelessly quixotic. From time to time, I do ask myself --- “why me?” --- and always come back to --- “if not me, then

who?" This internal dialogue has me willingly step up as a card-carrying subscriber to the Butterfly Wing Effect Theory (tiny influences can dramatically impact outcomes) and soldier on;

6. From time to time, my humor may be (parchingly) dry. I find this a necessary evil. Not asking permission, I beg forgiveness; and
7. Recognizing that redundancy is a powerful communication/teaching/learning tool, I will, on occasion, permit (innovative) repetition; and
8. Most importantly, I will consistently 1) encourage you to regularly forward your wisdom about what I have right, wrong and/or omitted; 2) be delighted to hear from you as your insights will significantly enhance my efforts; and 3) request that If/when a message rings true, you forward it to those you deem may desire to know --- lending credence to this Butterfly Wing Effect Theory thing.

As my humble voice advocates for tax-payer funded, single-payer, regional provider infrastructure that provides our fine citizens universal access to affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP), please strain to hear.

*Respectfully submitted,*

*Dr. Mike*

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## **Preface III: Dedication**

### **To Enlightened, Compassionate, Courageous Leadership**

*“Wisdom, compassion, and courage are  
the three universally recognized moral qualities of men.”*

Confucius

*July 4<sup>th</sup>*

*Fine Citizens hello.*

*Fixing United States Health Care --- Citizen Letters* is dedicated to ascendant, enlightened leadership...

- That understands Warren Bennis' observation, “Leadership is the capacity to translate vision into reality” and creates a reality that:
  - Comforts the seizing, feverish, ear-ached child at 4 AM;

- Casts the school-yard kid’s broken arm;
- Simultaneously enhances the lives of a pregnant teen and her unborn child;
- Relieves proud, working couples striving to raise their families of the fear of insurmountable medical debt;
- Surgically corrects the vacationing executive’s inflamed appendix;
- Expertly replaces the healthy he senior citizen’s worn out (lens, hip, knee, etc.) part;
- Assists all to find dignified comfort at the end of life; and that
- Supports our ‘Better Angels’ who, with energy, expertise and courage, care for us so well each day; and
- That realizes this reality by creating planned, tax-payer funded, single-payer, regional provider infrastructure that provides our fine citizens universal access to affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP).

*Respectfully submitted,*

*Dr. Mike*

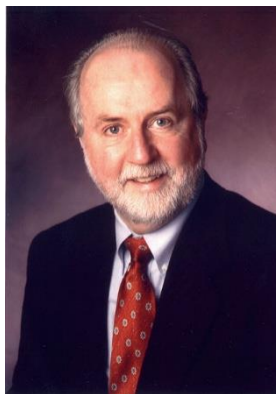
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## **Preface IV. The Author**

### **From Whence This Dr. Mike Comes**



T Michael White MD

*July 4<sup>th</sup>*

*Fine Citizens hello.*

*“If you haven't had a few dents in your resume, you haven't tried.”*

Andrew Forrest

In this conversation, *Fixing United States Health Care --- Citizen Letters*, I advocate for immediate, revolutionary change in the delivery of health care in these fine United States --- for the creation of planned, tax-payer funded, single-payer, regional provider infrastructure that provides our fine citizens universal access to affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP). And I contend that necessary dramatic change is possible.

Understanding the complexity of health care, you may conclude that I am either preternaturally brilliant or demonically possessed. Proudly, I resemble both remarks.

I contend it is critical for you, for your near and dear, for your community and for your (and my) nation to seriously consider my discussion. That said, let me first tell you why you should not invest time and energy in the likes of me...

- I am not the sharpest tool in the shed;
- Quirky and quixotic, I possess too numerous to mention deficiencies that my patients, residents, colleagues, friends and family will be only too happy to share;
- However, I am among the few tools at the ready to address the daunting task at hand (ABC-STEEEP) while the truly sharp blades, chant, as they rust, “nothing can be done;”
- I have no gravitas. Preternaturally brilliant (see above), I am devoid of economic, medical, political or scientific standing. Alone, I am not positioned to effect necessary change. I require encouragement, support from and a partnership with you.

On the other hand, there are compelling reasons for you to seriously consider giving these important, meaningful pages that may make a difference a turn...

- With head on straight, I know my business --- I have been entrusted with the honor, privilege and responsibility of healing body, mind, spirit and soul through the advancement of universal citizen access to compassionate, safe, timely, efficient, effective equitable/just patient-centered care (ABC-STEEEP);
- I have experienced medicine from the perspective of the administrator, the clinician, the learner, the external surveyor, the teacher, and the value/quality/safety officer; and
- I care. For at least seven years, I have endeavored daily to advance planned, tax-payer funded, single-payer, regional provider infrastructure that provides our fine citizens (you and me) universal access to ABC-STEEEP.

The highlights of my life journey (yes, admittedly there has been “a load of compromising on the roads to my horizon”) include:

- Blue collar kid from Schenecady;
- (Failed though they tried) Sisters of Saint Joseph and the Irish Christian Brothers imprint;
- Union University’s Union College and Albany Medical College;

- Internal Medicine training: New York Medical College and Greenwich Hospital Association in affiliation with Yale;
- Physician Leadership Fellowship at Michigan State University;
- Industrial Engineering quality training at Crosby's Quality College;
- Private practice in Southington CT.
- Residency faculty leadership in Phoenix (Good Samaritan Medical Center) AZ;
- Chairman and Residency Program Director in Johnstown (Conemaugh Valley Memorial Hospital) PA;
- Vice President and Residency Program Director in Pittsburgh (St. Francis Medical Center) PA;
- Senior Vice President and Clinical Professor of Medicine at two University of Pittsburgh Medical Center (UPMC McKeesport and UPMC Passavant) hospitals;
- Senior Vice President in Hagerstown (Washington County Hospital/Meritus Medical Center) MD; and
- Consultant for The Joint Commission (Chicago IL) and The Accreditation Council for Graduate Medical Education (Chicago IL).

Throughout, my career has emphasized partnerships that have 1) facilitated the success of aspiring physicians; and 2) inspired institutions to realize cultures that advanced ABC-STEEEP. In that regard, our team's work at UPMC McKeesport was recognized by the Joint Commission/National Quality Forum's Eisenberg Award for "measurably improving patient safety, healthcare quality, and system-level outcomes."

I now foresee this effort, *Fixing United States Health Care --- Citizen Letters*, may culminate in my ninth book. The first eight are available for your consideration at [Amazon Books T Michael White MD](#):

***Stepping into the Lead — A Leadership Pocket Primer***

*(with chief executive/entrepreneur Mr. Charley Price)* (Amazon 2024)

***A 'Grand' Lad Golfs — A Fable for Fading and Trailing Generations*** (Amazon 2023)

***Smoke Signals II — Life Tools for Trailing Generations***

*(with internist/physician executive Dr. Dana S Kellis MD PHD)* (Amazon 2023)

***Affordable Basic Health Care for All — An American Health Care System Charter***

*(with geriatrician/physician executive Dr. Stephen F Hightower)* (Amazon 2020)

***Letters to an Aspiring Physician — Reflecting on a Career in Medicine***

*(with otolaryngologist/physician executive Dr. Edward Drawbaugh)* (Amazon 2017)

***Safer Medical Care for You and Yours***

***Six Tools for Safe, Effective Compassionate Care***

*(with geriatrician/physician executive Dr. Stephen F Hightower)* (Amazon 2016)

***A Crystal Spring Thanksgiving — A Little Girl Plays Manly Golf*** (Amazon 2013)

***Unsafe to Safe — An Impatient Proposal for Safe Patient-centered Care*** (Amazon 2012)

Manifesting saintly patience and scholarly wisdom, my wonderful wife, Nurse Jacquelyn (Jackie) Forsythe White, has guided me through the above to permit a parallel harvest of family joy. Through her kind ministrations, our children (4) and grandchildren (10) have flourished in our households, in their studies, in their careers, in their own households and in their avocations. Jackie and I now live on Florida's sweet-spot destination --- the Belleair Bluff --- and stand at the ready for the next family beach, boating, biking, golf and pool caper.

Who am I today? My apple has not fallen far from the Schenectady tree. I am at my best when assisting patients with complex conditions and when writing. I am most content when nearest my roots (August's Saratoga Spa and Lake George). I serve my community by being the founding (and only) member of four organizations: GCA (Grandparent Caddies Association); P3A (Personal Professional Patient Advocates); SG4S (Serious Grand Gentlemen Geriatric Golfers Society); and Championship Golf's WMS (The White Medallion Society). Membership applications are available upon request. Membership requirements are relaxed. Initiation fees are dear.

Mercifully bringing this to a serious close, I sincerely hope: 1) that you will recognize *Fixing United States Health Care --- Citizen Letters* as serious business; 2) that you will become actively involved; 3) that you will regularly enhance my efforts by sharing your insights, wisdom and perceptions (your reality) about what I have right, wrong and/or omitted; 4) and that, if/when a message rings true, you will forward it to those you deem may desire to know --- with confidence that the Butterfly Wing Effect Theory (tiny influences can dramatically impact outcomes) will come into play.

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushealthcare.com/>

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# Chapters

## Chapter 1.

### The Great American Health Care Paradox --- The Wolf Is at Our Door

*“How wonderful that we have met with a paradox.*

*Now we have some hope of making progress.”*

Niels Bohr

*July 4<sup>th</sup>*

*Fine Citizens hello.*

This book may be wrongly titled. I have chosen to go with hope and emphasize the readily achievable *Fixing of United States Health Care*. However, if I were to be into book sales (clearly, I am not --- as my kids say, “you write ‘em Dad; you don’t sell ‘em”), I would have run with *The Great American Health Care Paradox* (©;™; etc.). Consider...

Our (yours and mine) ‘insured’ trailing generations (our near and dear) are confronting *The Great American Health Care Paradox I*. Despite expensive (nearly unaffordable) employer-provided health insurance premiums, when significant illness or injury intervenes, they find they are, in fact, uninsured. When complex care (for example, a simple appendectomy) is required, the cost of co-pays, deductibles, co-insurance and out-of-pocket maximums (which reset each January 1st) can be massive. Even for the ‘insured,’ resulting medical indebtedness now too often places career, education, finance, food, health, housing and retirement securities in jeopardy. Hence *The Great American Health Care Paradox I* --- expensively ‘insured’ when well and uninsured when care is required.

A typical family of four may pay \$11,000 in annual premiums for their employer-provided health care insurance and yet face \$8,000 in deductibles and a \$16,000 out-of-pocket annual maximum. A bad health care patch may have them paying \$27,000 (plus uncovered expenses) in a year. Who can afford that? Parenthetically, isn't that what insurance is for?

Despite each employee’s significant premiums, the burden for the employer is massive. For the case above, the good employer will contribute at least \$22,000/year (with surety that the expense will rise substantially annually) and yet be criticized by loyal employees for their ever-diminishing coverage. What small business can support that and remain internationally competitive? There is a cycle here, businesses become non-competitive, businesses close; and the nation’s uninsured unemployed rise --- *The Great American Health Care Paradox II*.

In fairness, there is good news: 1) when complex care is needed, well-trained, compassionate and courageous ‘Better Angels’ will provide (all too often unaffordable) superb care; and 2) those with wealth who have aged into Medicare protection, can generally make their health care numbers work.

However, for the expensively 'insured' family living paycheck to paycheck, when significant care is required, severe financial consequences (bankruptcy; food insecurity; homelessness) often follow. Even for those with more comfortable day-to-day circumstances, the threat of financial insecurity is now all too real. For the millions of our working uninsured, jeopardized family career, education, finance, food, health, housing and retirement securities are a daily reality.

Cutting to the chase: 1) our unplanned United States health care has evolved rudderless to a certified, chaotic, catastrophic, unaffordable hot mess; 2) we must tell it plain --- for the average citizen, the health care wolf is now at the door placing basic life securities in jeopardy; and 3) enlightened, courageous, compassionate leadership must design and implement planned, taxpayer-funded, single-payer, regional provider infrastructure that provides universal citizen access to affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP).

Some, always comfortable in a health care catbird seat, say "nothing can be done." They must be told they are wrong. This moral debacle, recognized, can no longer be tolerated. Our fine, virtuous citizens can, must and will rise and fix.

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushealthcare.com/>

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## **Chapter 2.**

### **Accessible, Affordable Care --- Clinical Paradigm**

*"Imagination is the beginning of creation. You imagine what you desire, you will what you imagine and at last you create what you will."*

George Bernard Shaw

*July 4<sup>th</sup>*

*Fine Citizens hello.*

Near this beginning, let us jump to the end. Imagine the planned, tax-payer funded, single-payer, regional provider infrastructure --- The United States Health Care System (USHCS) -- is up and running. Universal access to affordable, basic/necessary, compassionate --- safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP) is provided to all.

As the story goes, the single mother (her husband was killed in an industrial logging accident two years before) successfully juggles a challenging job managing the Ticonderoga convenience store with two more daunting undertakings (son Alexander age 11 and daughter Amaryllis age 9) at home.

In general, the children are doing well. Like all kids, they regularly bring infections home from their disease-incubating parochial school. Several days before, despite his annual flu shot, the lad contracted Influenza B. Aside from missing school, he was recovering well.

At 2 AM Sunday morning in the midst of a raging Adirondak blizzard, he awoke with severe pain in both calves. He could not walk. Although this was far from her first drama, the preternaturally calm Mom was beside herself with worry. After administering a dose of Tylenol to Alex, she was immediately connected online with her son's Primary Care Pediatric Team's AI Ambassador, 'Patch.' Within moments:

- Alex's up-to-date medical record was reviewed;
- Alex's vital signs were measured and determined to be normal;
- Alex's symptoms and Mom's observations were patiently explored in detail;
- A pediatric nurse practitioner signed in; and
- Mom, applauded for the Tylenol, was encouraged to begin to relax.

After review and ensuring Mom was on board, Alex's Primary Care Pediatric Team advised:

- Connect back with us at any time;
- This is likely a known, rare complication of influenza called viral myositis;
- Alex seems to have read the textbook --- most common in boys his age after Influenza B with symptoms exactly as he describes. Generally, recovery is rapid (several days) and complete;
- It is important for him to drink significant amounts of fluids to clear his kidneys and rest;
- A visit to the Glens Falls USHCS Emergency Center (61 minutes on a good day) is unnecessary at this time;
- A morning appointment at the Essex County USHCS Pediatric Urgent Care (5 minutes) has been arranged --- since this is an authorized visit, there will be no co-pay;
- The Pediatric Urgent Care will be expecting Alex and will have his updated medical record in hand;
- Alex's Pediatric Urgent Care Team will examine him and likely do some blood work to check the status of his muscles and kidneys;
- Alex's Primary Care Pediatric Team will be kept informed of his progress;
- An in-person or virtual follow-up with his Primary Care Pediatric Team may be arranged; and
- Again, connect back with us at any time.

On Monday, Alex limped back to school. Impressed with events, he now envisions himself someday in the medical profession. His Mom, understanding that their pre-USHCS world would have likely played out as a clinical and financial debacle, is energetically back at work and thrilled with how the care of her precious son unfolded in these fine United States.

As is generally the case in these matters, cool-as-the-other-side-of-the-pillow Amaryllis was pretty much unimpressed.

*(note: please follow-up with Chapter 3. Accessible, Affordable Care --- Financial Paradigm)*  
*Respectfully submitted with fondest personal regards,*

*Dr. Mike*

<https://www.fixingushealthcare.com/>

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## **Chapter 3.**

### **Accessible, Affordable Care --- Financial Paradigm**

*“Every single one of us deserves access to quality, affordable health care.”*

Sara Gideon

*July 4<sup>th</sup>*

*Fine Citizens hello.*

These financial health care thoughts directly address the clinical case presented in Chapter 2 above: *Accessible, Affordable Care --- Clinical Paradigm*. As background, please give it a turn.

Looking back, imagining the planned United States Health Care System (USHCS) to be up and running as carefully designed, tax-payer funded, single-payer, regional provider infrastructure, a significantly ill (viral myositis) young lad living in a rural community had access to and received immediate affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP). A significant clinical success story for sure but the clinical implications are only a small part of the message. Benefits extend far beyond the clinical. Please consider...

- His Mom pays a modest annual tax as a percentage of her income;
- Her employer pays a modest annual tax as a percentage of corporate income;
- A blue-collar kid received efficient, effective care without out-of-pocket expense;
- The year before the onset of the USHCS, the young family paid \$900/month in healthcare premiums (\$9,800/year) and faced co-pays, co-insurance, an \$8,000/year

deductible and \$16,000/ year out-of-pocket maximum. Each day the family confronted The Great American Health Care Paradox --- expensively 'insured' when well and expensively uninsured if illness or injury should intervene;

- The care was provided by a 5-Star regional health system based in Albany devoted to universal citizen access to ABC-STEEEP. Facilities include rural centers; regional hospitals; a university children's hospital; and a university (quaternary care) medical center;
- Carefully supervised artificial intelligence functions enabled 24/7/365 efficient and effective access to ABC-STEEEP;
- Care as described eliminated a snowy > one-hour drive to an unprepared crowded emergency department that in previous years would have had a \$200 co-pay.
- Follow-up visits would have required \$35 co-pays;
- Deductibles would have to be addressed;
- In this USHCS scenario, if meds had been required, they would have been included --- not so in prior years; and
- The lad's totally portable, up-to-date, accurate, legible and always available medical record is a priceless gift to his 'Better Angel' caregivers.

Far beyond this singular clinical and financial triumph, important implicit efficiencies can be enumerated: :

- This mother's energy and sanity were preserved;
- The need for stormy early morning distant travel was abrogated;
- The emergency department was unburdened;
- Urgent care and primary care team care were facilitated;
- Despite living in the North Country, their health care felt less rural;
- This mother maintained full employment (and a precious full week's take home pay);
- Her employer avoided major staffing inconvenience --- no small consideration;
- This boy's return to school was immediate;
- If traveling, the same (totally portable) care would have played out anywhere in the United States and Territories;
- This talented working mother is positioned to consider better employment (i.e., advancing her career) should the opportunity arise as her family's (totally portable) health care insurance is not employer dependent; and most importantly...
- Enlightened, planned infrastructure design eliminates abuse, bureaucracy, duplication, fraud, greed, inattention and waste and enables universal citizen access to ABC-STEEEP.

All good. However, the main advantage for this family (and for millions of other American families like theirs) is it is insured from the fear of facing insurmountable health care expenses that jeopardize career, education, finance, food, health, housing and retirement

securities; and with this security, the downstream securities of our employers, our hospitals, our communities and our nation are enhanced.

*Respectfully submitted,*

*Dr. Mike*

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*Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD*



## Chapter 4.

### Responsibility to Sound the National Health Care Alarm

*"Privilege is here, and with privilege goes responsibility."*

John Fitzgerald Kennedy

*"You cannot escape the responsibility of tomorrow by evading it today."*

Abraham Lincoln

*July 4<sup>th</sup>*

*Fine Citizens hello.*

For a lifetime, I (the ancient, wizened, academic, administrative and clinical physician) have had the privilege to participate in my beloved, sacred medical profession. For seven decades, Medicine (the dreaming, the becoming, the practicing, the experiencing, the sharing, the analyzing) has consumed me. At times, my journey has been arduous; however, it has always been unfailingly fulfilling. Any sacrifice on my part, has been repaid a thousand-fold. Privileged to have been (and remain) a physician, I have been truly blessed. It is a career, inseparable from a life, that I would wish for all.

As I wind down, looking back, I recognize my profession has only been lent to me for a brief time. At some conscious/unconscious level, I have always understood that this privilege has never been mine for the keeping. It has only been entrusted to me to, to the best of my ability, implement, prudently steward, burnish and ultimately pass on.

From the beginning, I have known that this gift --- this privilege to heal --- has been accompanied by responsibility --- the responsibility to leave my profession better than when it was first entrusted to me. Now, entering my career and life final chapters, I must step up to my responsibility. Seeing something, I have the responsibility to say something:

- **The seeing:** health care in our fine United States has become an alarming paradox. On one hand, for those in the right place at the right time, care is beyond splendid. For others, it is,

at best, an inaccessible, unaffordable wish --- and those counted among these less fortunate have become an ever-increasing majority.

- **The saying:** I must sound the alarm --- our unplanned national health care non-system is in disarray. While recognizing and praising much good, I must decently, gently and kindly tell it plain --- our United States health care has evolved into a certifiable, cataclysmic, catastrophic, chaotic, unaffordable hot mess. Alarmed, together, we must design and advance the solution: a planned, tax-payer funded, single-payer, regional provider infrastructure --- The United States Health Care System (USHCS) --- that provides our citizens universal access to affordable, basic/necessary, compassionate --- safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP).

As I step forward, I recognize many share my responsibility. Like me, administrators, care givers, citizens, friends, matriarchs/patriarchs, neighbors, nurses, patients, physicians and politicians are obligated to step up and provide our trailing generations (our progeny) [our near and dear] universal access to ABC-STEEEP.

Alarm sounded, alerted, please join me in the fray.

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushealthcare.com/>

<https://substack.com/@tmichaelwhitemd>

*Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD*



## Chapter 5.

### Perfect Health Care That I Cannot Abide

*"Henceforth I ask not good fortune. I myself am good fortune."*

Walt Whitman

*July 4<sup>th</sup>*

*Fine Citizens hello.*

As I, the ancient, wizened, academic, administrative and clinical physician, decently, gently and kindly step forward with a harsh (perhaps not harsh enough) message --- health care in America has become a certifiable, cataclysmic, catastrophic, chaotic, unaffordable hot mess -- - it is reasonable for you to conclude that I am disenchanted with, possibly even harmed by, my personal health care. *Au contraire, mon ami.* Each day, I celebrate my perfect health care.

How can my intense concern for the state of United States health care and my personal experience be so far apart? The reason is that I am among a minority of citizens who have access to wondrous affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP). As I sit in this health care catbird seat most citizens do not. How can this be? What are the reasons for my good fortune...

1. Having brilliantly chosen my ancestors well, I have inherited basic good health;
2. Another stroke of brilliance --- I have had the good sense to age into Medicare eligibility;
3. As a physician, I am well informed about how to preserve health and when and why to seek care;
4. As a physician, I understand a) how the dysfunctional, non-system works and importantly, b) how to make the non- system efficiently and effectively work for me;
5. Fortuitously, I have accrued adequate personal assets that enable me to comfortably address quite reasonable (ever escalating) Medicare out-of-pocket expenses (premiums; co-pays; co-insurance; and annual out-of-pocket maximums);
6. I have had the wisdom (more blind luck) a) to live in a region in which a fine 5-Star medical system offers superb health care;
7. I have enrolled in the expertly administered 5-Star Medicare Advantage Plan offered by this ascendant 5-Star regional health system that provides me access to ABC-STEEEP; and
8. Provided my physician perspective, I have been adept at identifying and working well with a (truly) brilliant Primary Care Internal Medicine/Geriatric Personal Physician who is dedicated to assisting me experience ABC-STEEEP.

All good --- except it inequitably only applies to the fortunate likes of me. Guilty as charged, I lament a circumstance I cannot abide. Therefore, my quest --- privileged to heal, I am duty bound to advance planned, tax-payer funded, single-payer, regional provider infrastructure that provides our fine citizens with universal access to ABC-STEEEP.

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushealthcare.com/>

*Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD*



## Chapter 6.

### Extinguishing Misperception #1

## Health Care as Infrastructure Is (in fact) a Right

*“The Constitution only gives people the right to pursue happiness.  
You have to catch it yourself.”*

Benjamin Franklin

July 4<sup>th</sup>

*Fine Citizens hello.*

The weeping 10-year-old young lady sat in the school nurse’s office with a schoolyard broken arm. Although she was bravely handling the pain, she was inconsolable --- “please don’t call my parents, we don’t have health insurance.” At age 10, she understood that, in our country, care for her injury may immediately place her family’s career, education, finance, food, health, housing and retirement securities in jeopardy. So wrong, that.

As a medical professional and concerned citizen, this is a national circumstance that I cannot abide.

Harkening back to the *Declaration of Independence* --- “*We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain Unalienable Rights, that among these are Life, Liberty and the Pursuit of Happiness*” --- I well understand the pursuit of the rights mentioned is aspirational and entirely up to individual initiative. There have never been and can never be government guarantees.

However, at the same time, our government’s leadership has wisely provided certain services as infrastructure --- services that universally enable the pursuit of prosperity (life, liberty, happiness) by one and all. For the greater good, airports, clean water, flood control, harbors, internet, highways, mail delivery, power grid, etc. have been established as tax-payer funded infrastructure. For reasons unexplained, basic/necessary health care has not been recognized as infrastructure. This represents an egregious, long-term misperception that must be corrected. Universal citizen access to affordable basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP), is a fundamental, bedrock infrastructure requirement for enabling the pursuit of prosperity by one and all.

Health care in our fine country has wrongly evolved as an unplanned non-system commodity that has, rudderless, become a certifiable, cataclysmic, catastrophic, chaotic, unaffordable hot mess. With this non-system now exposed as the root cause of our health care debacle, our fine leadership must now 1) step up and enable the pursuit of prosperity by one and all by 2) creating planned, tax-payer funded, single-payer, regional provider infrastructure 3) that both provides our citizenry with universal access to ABC-STEEEP and 4) defends our citizens’ career, education, finance, food, health, housing and retirement securities from jeopardy if/when illness or injury intervene.

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixinghealthcare.com/>

Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD



## Chapter 7.

### Extinguishing Misperception #2

#### We Are (in fact) Formed in Secure Social Containers

*“Humans are social beings, and we are happier, and better, when connected to others.”*

Paul Bloom

July 4<sup>th</sup>

*Fine Citizens hello.*

When I entered medical school, I perceived that our fine country had an implicit understanding (a contract if you will) with its fine citizens that we would care for one another. In concert with that understanding, I, as a physician, would have the privilege and responsibility to strive to do important, meaningful work that would, in some small way, make a difference for my fellow citizens.

Following that code for my many professional years, some (among the health care haves) now counsel me that my perception of an implicit social contract has been in error. In our country they now say, “we have no responsibility to be our brothers’ keeper.”

I vociferously disagree.

You, they and I have had the good fortune to grow up in what Professor David Brooks describes as “a well-ordered, secure social container” in which we individuals were supported and nurtured by aligned family, extended family, school, church, city, state and country. In this secure container, we perceived we had the unalienable rights of life, liberty and the pursuit of happiness. We found confirming heroes in our lives as examples --- the athlete, the aunt and uncle, the coach, the doctor, the journalist, the musician, the nurse, the nun, the parent and grandparent, the pharmacist, the policeman, the politician, the priest, the professor, the nun, the soldier, the teacher and the writer. Growing from kid to adolescent to young adult, each of us intrinsically understood that, in turn, it would become our social duty to strive to position ourselves to, like them, do meaningful, important work that may make a difference.

Philosopher Rabindranath Tagore says it well, *“I slept and dreamt that life was joy. I awoke and saw that life was service. I acted and behold, service was joy.”*

The more materially fortunate always were among us. In the past, they understood their good fortune. Born on third base, they never maintained they hit a triple. They did not blame

the less fortunate for their less prosperous circumstances. Compassion and fair play prevailing, they offered helpful (educations, jobs, safety, etc.) legs up.

The current unacceptable status of our country's health care represents two national failings: 1) our unplanned health care non-system has predictably evolved rudderless into a certifiable, cataclysmic, catastrophic, chaotic, unaffordable hot mess; and 2) our privileged leaders --- themselves raised in secure social containers and now benefiting from superb health care --- thinking our society's hot mess is acceptable, have lost their way. The first failing (not comprehending that health care must be planned infrastructure and not a commodity) can be placed in complex historical perspective, and, if not forgiven, understood. The second callous failing is unconscionably beyond the pale.

Looking back and forward, the time has come for the conscience, character and will of our fine virtuous citizenry to create planned, tax-payer funded, single-payer, regional provider infrastructure that provides universal access to affordable, basic, compassionate --- safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP).

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushealthcare.com/>

*Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD*



## Chapter 8.

### ***The Pitt's Missing Message***

*"The purpose of art is washing the dust of daily life off our souls."*

Pablo Picasso

*July 4<sup>th</sup>*

*Fine Citizens hello.*

My good doctor, senior mentor and friend (cinema, dining, golf, medicine, music and life) advised that *The Pitt* is a must watch as it represents relevant, riveting, accurate drama just perfect for my station in life. Demonstrating my (life-long handicapping) penchant for sangfroid and hard-headedness, I --- dismissing sage advice out-of-hand --- announced that "I don't do medical shows (especially those about an emergency room in a respected hospital in my historic, charming own town --- Pittsburgh)." Case closed --- until it wasn't.

Having thoroughly run through *Guilt*, *Wolf Hall* and *The Count of Monte Cristo* (oh, the brilliance of that 1840s Alexandre Dumas); proudly found *The Forsyte Saga* too 'soap-opera-ish'

for my discerning taste; and under extreme spousal pressure to “damn it, just watch something,” *The Pitt* streamed. Ten minutes in, I was hooked. After five unable-to-look-away episodes, here is what I observe:

- The protagonist, Dr. Robby, if taller, better looking and just a tad smarter, might be me;
- The clinical cases (with rare dramatic exceptions) are entirely believable;
- The chaotic waiting room and clinical area are palpably accurate;
- The team (the nurses, the physicians, the support staff) is spot on;
- The friction with hospital administration over the root cause of patient satisfaction --- the lack of in-patient beds is very real;
- The brilliance (all Alpha Omega Alpha on steroids) of the ‘Better Angels’ (medical students, residents, senior physicians and consultants) and their exceptionally mature, flawless clinical skills tests credibility --- but I am down with that;
- Good, bad, and ugly clinician personalities in a futile struggle to overcome nature and nurture and evolve towards imaginary perfection are precisely portrayed;
- The weight of the suffering of the patients and the burden for their significant others is conveyed; and
- The anxiety, disappointment, frustration and guilt carried by the care givers (secondary victims we call them), who, striving (imperfectly) to do their best with (imperfect) abilities, struggle to (imperfectly) cope when, despite best efforts, outcomes are less than perfect.

One issue has not yet been addressed --- the cost of care. As the circumstance dictated rhythm of each psychological, physiological and clinical case unfolds, a financial meter runs in parallel. The tally (charges) --- ambulance, emergency, radiology, anesthesia, surgery, intensive care, rehabilitation --- for a dramatic trauma ‘save,’ may approximate ~\$300,000. Per mysterious, inequitable formulas:

- Medicare patient: a Medicare Kabuki Dance will announce that Medicare will recognize ~\$45,000, pay ~\$35,000 and the patient owes ~\$3,000. Most will gladly move on in their lives.
- Employer-provided insurance: similar Kabuki Dance but co-pays, co-insurances, deductibles and out-of-pocket maximums have ‘insured’ patient owing ~\$27,000 per The Great American Health Care Paradox --- ‘insured’ when well but uninsured if illness or injury intervene: 1) the wealthy --- pay and move on; 2) the paycheck to paycheck (most Americans) --- encounter medical debt and food and housing may become insecure; 3) the working uninsured (too many Americans) --- no Kabuki Dance here. As a starting point they may be presented with a ~\$300,000 (to be negotiated) bill and food and housing will likely become insecure; and the indigent --- already certifiably destitute, Medicaid may foot the bill.

As often (but not often enough) harshly (but not harshly enough) stated, United States health care is an unplanned non-system that, rudderless, has evolved into a certifiable, cataclysmic, catastrophic, chaotic, unaffordable hot mess. Having told it plain and with our moral debacle recognized, our decent, just nation must create a planned, tax-payer funded, single-payer, regional provider infrastructure --- The United States Health Care System (USHCS) - -- that insures our citizens so that the few that become ill or suffer trauma are cared for and all of our fine citizens have universal access to affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP).

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushhealthcare.com/>

*Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD*



## Chapter 9.

### An (Imagined) Honest Senator's Health Care Insights

*"Distrust and caution are the parents of security."*

Benjamin Franklin

*"True individual freedom cannot exist without economic security and independence."*

Franklin Delanor Roosevelt

*July 4<sup>th</sup>*

*Fine Citizens hello.*

Please read this important article [Families Are Facing Difficult Health Choices](#) by Miami Herald reporter Mr. Max Klaver and then imagine that a courageous Senator responded with this way-off-the-record letter...

\*\*\*\*\*

*Reporter Max Klaver,*

Thank you for your insightful April 6<sup>th</sup> article, *"Families are facing difficult health choices Inflated insurance bills are eating into budgets as other costs are high and rising.* I read it in the Tampa Bay Times.

As you reported, Senators --- basically good people all --- were, perhaps understandably, unwilling to comment on your too accurate reporting. Let me, decently and kindly telling it plain, explain:

- Without being critical, your article is heavy on facts and light on analysis and synthesis. Moving from generating heat to shedding light, painful conclusions are only a few of

your reporter keystrokes away. You already have all the information necessary for summary conclusions. It is past time to go there.

- Although mum, the Senate has held regular, riveting clandestine meetings about health care. After discussion, there is consensus:
  - Congresses' first order of business is always to ensure each member and family have zero-deductible health care insurance in perpetuity. Regarding the importance of health care for the average citizen, that says it all.
  - United States health care is an unplanned non-system that, rudderless, has evolved into a certifiable, cataclysmic, catastrophic, chaotic, unaffordable hot mess.
  - The solution is to start anew with the creation of planned, tax-payer funded, single-payer, regional provider infrastructure --- The United States Health Care System (USHCS) --- that provides our fine citizens universal access to affordable, basic/necessary, compassionate --- safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP).
  - So, our government, confident no one is listening, is letting the facts (which you so well report) speak for themselves. For the sentient mind, the implications are now inescapable:
    - Our government does not have the wisdom, energy or courage to step up to this solution; therefore, our government has washed its hands of this critical issue.
    - Our government is sending the message --- it is now twice foolish to chase health insurance premiums: 1) you (and your employer) can no longer afford them; and 2) if/when significant illness or injury intervene, despite being 'insured,' co-pays, deductibles; co-insurance and out-of-pocket maximums will leave you essentially uninsured --- The Great American Health Care Paradox.
    - Clarifying government's message --- while healthy, enjoy your lifestyle; however, if significant illness or injury intervene (unless protected by immense wealth) you may anticipate your career, education, finance, food, health, housing, retirement securities (and your lifestyle) will wither away;
    - Surely, you say, seniors (our main voting block) in their Medicare health care catbird seat, are protected. *Au contraire mon ami*. This is Senate legerdemain. The wolf is already at the old folks' door --- they are just willfully unaware.

What would a fix look like? Starting anew, a planned system would and could address taxation, public health, medical education, training, care and payment. In the process, abuse,

duplication, fraud, inattention, inefficiency and malpractice would and could be addressed. Successful 5-Star regional Medicare Advantage plans already approximate what can and should be done and would and could readily serve as pilot programs that provide universal citizen access to ABC-STEEEP.

What is required? The informed conscience, character and will of our fine, decent, virtuous citizenry must insist our government leadership make this happen; and our government leadership, having listened, must comply. Our (yours and mine) career, education, finance, food, health, housing, retirement securities --- our lives as we know them --- depend upon it.

*Respectfully submitted by your humble servant*

*Senator John Q Public*

\*\*\*\*\*

I observe these imaginary, courageous, way-off-the-record leadership comments are disappointingly right-on-the money. Alerted, I anticipate our fine citizenry, once informed, will have the wisdom, conscience, character and will to recognize our precarious circumstance and analyze and synthesize the data into the design and implementation of infrastructure that provides universal access to ABC-STEEEP --- infrastructure that will preserve our basic securities.

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushealthcare.com/>

*Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD*



## **Chapter 10.**

### **Our Health Care Debacle --- Five Enabling Factors and the Root Cause**

*“There are a thousand hacking at the branches of evil to one who is striking at the root.”*

Henry David Thoreau

*July 4<sup>th</sup>*

*Fine Citizens hello.*

As I (humbly but correctly) contend that our fine country’s health care has devolved into a certifiable, cataclysmic, catastrophic, chaotic, unaffordable hot mess, I must ask --- how did we get to a place where so many citizens do not have access to affordable, basic/necessary, compassionate — safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP)? After analysis, I identify five enabling factors and the root cause:

- Enabling Factor #1: the current status of United States health care demonstrates our fine, rich, virtuous country has lost its way. Common decency has become uncommon. Confidence in our Clergy, Diplomates, Educators, Economists, Finance Professionals, Health Professionals, Law Enforcement, Justices, Military, Representatives and Senators, Scientists and Truth is being systematically undermined. In the process, the worth of a life has been devalued.
- Enabling Factor #2: over time, the leadership of our fine country has determined that the words “that *all men are created equal, that they are endowed by their Creator with certain Unalienable Rights, that among these are Life, Liberty and the Pursuit of Happiness*” are merely aspirational. Unless facing existential national crisis (like a Pearl Harbor), leadership now holds that each of us stands all alone and is very much on our own to aspire to a good life. For our health and well-being, they advise *Carpe Diem* and caution *Caveat Emptor*.
- Enabling Factor #3: in violation of every industrial engineering quality and continuous quality improvement principle, United States health care is, from its beginnings, a leaderless, unplanned, non-system that has predictably devolved rudderless into an unsustainable hot mess — proving again that W Edwards Deming’s tenet, “*Every system is perfectly designed to get the results it gets,*” holds true.
  - Enabling Factor #4: the primary objective of health care --- universal access to affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP) — has been supplanted by profit as the primary goal. This capitalistic slippery slope fosters a leaderless culture that enables abuse, bureaucracy, duplication, fraud, greed, inattention and waste and results in inefficient, unaffordable health care.
  - Enabling Factor #5: a new beast now roams the land --- unqualified politicians are finding personal and professional advantage in actively undermining the public’s trust in our country’s world-class public health expertise, evidence-based medical science and the ‘Better Angel’ practitioners who serve us so well each day. That predictable downstream suffering and death will surely come worries them not.

And now (drumbeat), The Root Cause. Simply, health care has been misclassified in our United States capitalistic society as a commodity when, in fact, it is critical infrastructure (like air travel, bridges, the grid, highways, the internet and ports) that enables, advances and protects 1) personal (career, education, finance, food, health, housing and retirement) securities and 2) the public (institutional, community, economy and national securities) good.

I am not alone in this. There is general agreement that our health care non-system is a hot mess. And that is where the conversation generally ends --- “Houston, we have a problem.” There is a solution. I, your quixotic, ancient, wizened, academic, administrative, clinical physician am stepping forward with The United States Health Care System (USHCS).

Please stay tuned...

Respectfully submitted,

Dr. Mike

<https://www.fixingushealthcare.com/>

Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD



## Chapter 11.

### Our (Yours and Mine) Flawed United States Health Care Contract

*"We're all in a social contract.*

*Whether we like it or not, we live in each other's good graces".*

John Popper

July 4<sup>th</sup>

*Fine Citizens hello.*

The average American, including this +/- average quixotic, ancient, wizened, academic, administrative, clinical physician, is basically misinformed regarding the provision of universal access to affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP) to the fine citizens of our United States. The unvarnished truth --- categorized as an unplanned commodity instead of planned infrastructure --- access to ABC-STEEEP is not a right. To eliminate ingrained misperceptions, please carefully consider and then willfully (perish the thought) sign the following implicit United States health care contract.

\*\*\*\*\*

### Our (Yours and Mine) Flawed United States Health Care Contract

*Good Citizen, greetings.*

As Benjamin Franklin reminds, "The Constitution only gives people the right to pursue happiness. You have to catch it yourself" --- you are free to pursue happiness in our fine United States. When it comes to your health, our fine country does wish you well. While giving you every encouragement to experience good health, your fine country contractually reminds you that when it comes time to access health care, you are on your own. For clarification:

1. If (having chosen your ancestors well) you are gifted good health; if you respect your gift; if you have the good fortune to avoid serious illness and injury; and if you have the wisdom to not live too long --- good luck with all of that --- you start with a health care leg up. Accolades.

2. Should you require significant care, you may reliably trust that fine, impeccably trained 'Better Angels' will step forward in your time of need with courage and expertise and provide you with world-class compassionate, safe, timely, efficient, effective, equitable/just, patient-centered care (C-STEEEP).
3. If you are well-employed and healthy:
  - You will likely 1) have employer-sponsored health insurance; 2) be able to afford your pricey premiums, deductibles, co-pays, co-insurance, and out-of-pocket maximums; and again, if healthy, 3) perceive that you are expensively well-insured.
  - However, should you become significantly ill or injured, despite expensive 'insurance,' your care may become paradoxically (The Great American Health Care Paradox) unaffordable --- that you are, in fact, uninsured.
4. If you are age 26 or younger and your parents have employer-sponsored health insurance, #3 above applies to you. At age 27 and beyond, you are counseled to have employer-sponsored health insurance (i.e., to have a job that provides health insurance).
5. If you are working without employer-sponsored health care insurance and live and live paycheck to paycheck:
  - You may be working multiple part-time jobs so your employer(s) will not be required to provide (excessively expensive and unaffordable for them) employer-sponsored insurance.
  - If you have purchased subsidized basic health insurance, as soon as significant illness or injury intervenes, you will immediately be overwhelmed by and unable to afford your premiums, deductibles, co-pays and co-insurance and you will immediately comprehend that you are essentially uninsured. Welcome again to The Great American Health Care Paradox --- expensively insured when healthy but uninsured when ill.
  - If you cannot afford to purchase subsidized basic health insurance, as soon as significant illness or injury intervenes, you will immediately be financially overwhelmed by the expense of your care.  
In each case, significant illness or injury may place your career, education, finance, food, health, housing and retirement securities in jeopardy.
6. Some sad good (sort of) news. If you find yourself impoverished by the complexities of life, you may (or may not) qualify for Medicaid. If you do qualify for Medicaid, the program may or may not apply to you as funding is continuously on a Congressional slippery slope. However, if you qualify for and successfully enroll in Medicaid, government-sponsored health care will provide you access to care. As a caveat, many specialists may not accept Medicaid patients.

7. As a reward for service, Veterans may be eligible for well-deserved, well-earned government-sponsored care.
8. Some better news. If you have had the wisdom to age into Medicare, you will have access to stable (for the moment at least) government-sponsored care. If you live on a fixed income and do not have personal savings, you may still find it a struggle to keep up with fairly reasonable premiums, co-pays, co-insurance and deductibles.
9. Some really good news: if you have first-rate private insurance (with or without Medicare) and if you are protected by considerable personal wealth, you (able to address expensive premiums, co-pays, co-insurance and deductibles) 1) will perceive you are well-insured and 2) will be among the minority of citizens positioned to enjoy a lifetime of superb, world-class United States health care. Well done, you.
10. Several cautionary contractual caveats:
  - Referred to premiums, deductibles, co-pays and co-insurance are ever increasing.
  - Premiums, deductibles, co-pays and co-insurance reset every January 1<sup>st</sup> (*note: illness and injury do not*).
  - If you have employer-sponsored health care you may find your next steps in life decision-making may prove complex. For example, you may find yourself anchored to an unacceptable career situation because your health care insurance is not portable to a new life circumstance.
  - If you are self-pay (uninsured) your provider, hospital and pharmacy charges will likely be significantly greater than the charges insurance companies pay --- another perverse United States health care paradox.
  - Uninsured and (increasingly) insured individuals and families facing significant health care bills are finding that their career, education, finance, food, health, housing and retirement securities are being eroded.
  - In this health care debacle, individual illness and injury is placing downstream strain on family, community, state and national securities.
  - Sadly, you must beware (*Caveat Emptor*) that abuse, bureaucracy, duplication, fraud, greed, inattention and waste may multiply your financial exposure.

*Good Citizen, your signature below reflects that you have read and happily agree to this unacceptable, unsignable, flawed United States Health Care Contract.*

Signed:

Dated:

Salutations

\*\*\*\*\*

Forewarned is forearmed.

Is there an alternative? Yes --- meticulously planned, tax-payer funded, single-payer, regional provider infrastructure --- The United States Health Care System (USHCS) --- that

provides our fine citizens universal access to affordable, basic/necessary, compassionate --- safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP).

Please stay tuned...

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushealthcare.com/>

*Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD*



## **Chapter 12.**

### **In Search of Health Care Gravitas --- Connecting with Reporter Lauren Peace**

*The purpose of human life is to serve,  
and to show compassion and the will to help others."*

Albert Schweitzer

*July 4<sup>th</sup>*

*Fine Citizens hello.*

Feedback (always greatly appreciated), from you consistently suggests my message --- the conscience, character and will of our fine virtuous citizenry must create, as tax-payer funded, single-payer, regional provider infrastructure, a planned United States Health Care System (USHCS) that will, by design, provide our fine citizens universal access to affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP) --- is both accurate and important. Yet, your feedback confirms that despite my going all-in, my best efforts are going nowhere.

As a physician, I make diagnoses. My diagnosis in this regard: this ancient, wizened, academic, administrative and clinical physician (me) just ain't got no gravitas. My treatment: some dignified, commanding presences: 1) must recognize and validate my message; and 2) must use their stature to create a book, a documentary and/or a movie that brings the message to life. Candidates? Tampa Bay Times Reporter Lauren Peace (regional); PBS documentarian Mr. Ken Burns (national); Polymath Malcolm Gladwell (international); and Professor David Brooks (kitchen table) fit the bill. That understood, now my task is to get their attention.

Starting regionally with a letter to Ms. Lauren at the Tampa Bay Times:

\*\*\*\*\*

*July 4<sup>th</sup>*

*Reporter Lauren Peace Hello.*

**In Search of Health Care Gravitas**  
**Connecting with Reporter Lauren Peace**

*“The purpose of human life is to serve,  
and to show compassion and the will to help others.”*

Albert Schweitzer

Thank you for having the expertise and courage to report on health care for our fine Tampa Bay Times.

This missive is not about me. It is about our (yours and mine) nation’s health care which is in serious disarray. Our country and I need and request your assistance in fixing United States health care.

Getting to the point and stating it plain: United States health care is an unplanned non-system that, rudderless, has evolved into a certifiable, cataclysmic, catastrophic, chaotic, unaffordable hot mess. If that sounds harsh, it is, sadly, just not harsh enough.

The solution is to start anew with planned, tax-payer funded, single-payer, regional provider infrastructure --- the United States Health Care System (USHCS) --- that will, by design, provide our fine citizens universal access to affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP).

For several years, I have been hard at fixing our country’s health care (website; emails; books; presentations; (largely unpublished) letters-to-editor; etc.) without success. Although my message is confidently, powerfully on the money, I have had zero impact. My diagnosis --- this ancient, wizened, academic, administrative and clinical physician (me) has no gravitas.

So, I turn to you and your well-deserved commanding stature and request that you consider:

- Accepting my emails and giving them a look see (thanks in advance for reading this far);
- Giving my website <https://www.fixingushealthcare.com/> a glance;
- If/when worthy, advancing publication of my letters to the editor;
- As a stretch goal, inviting me to write an opinion piece or two; and perhaps
- Meeting with me for a cup of coffee (my dime) and a mutual chat up.

Will your kind interventions do health care a solid by providing my humble message a dose of gravitas? Possibly. Subscribing to the Butterfly Wing Effect Theory, I confidently envision important, meaningful work (a Lauren Peace bestselling book (made into a movie) followed by a well-deserved Pulitzer Prize) making a difference in United States health care.

Thank you for considering...

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushealthcare.com/>

\*\*\*\*\*

Will Ms. Peace receive this? Will she consider it? Will she act on it? All important questions beyond my control. More importantly, do you know Ms. Peace? Can you intervene and advocate that she assists this ancient, wizened, academic, administrative and clinical physician (me) to find some health care gravitas?

*Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD*



## Chapter 13.

### Triskaidekaphobia

*Q: "Can it be true that you, of all people, believe a horseshoe over your door will bring you luck?"*

*A: Of course not; but I understand it brings you luck whether you believe it or not."*

Niels Bohr

July 4<sup>th</sup>

Fine Citizens hello.

Thank you Niels — *res ipsa loquitur*.

Enough said...

Respectfully submitted,

Dr. Mike

<https://www.fixingushealthcare.com/>

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## Chapter 14.

### We Must Start Anew

**By P/CEO Charley Price**

*"It should be one's sole endeavor to see everything afresh and create it anew."*

Gustav Mahler

July 4<sup>th</sup>

Fine Citizens hello.

Over the years, my first rule for educating those entrusted to me became keeping it interesting. As I advanced as a teacher, I realized the business I was in --- entertainment. So, as I advocate for universal access to affordable, basic/necessary, compassionate --- safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP), I look up and see a bleary-eyed audience who pretty much knows I am right but is not entirely certain they care. I need to up my game. I need a hook.

Totally modern, let me lean into Artificial Intelligence and query the status of our fine country's health care. AI (Co-pilot) politely reports:

\*\*\*\*\*

*Thanks for asking Dr. Mike.*

*The US healthcare system ranks last overall compared to other high-income countries in key areas like access, equity, and health outcomes, despite spending more on healthcare per capita. With the audience awake, than any other nation. While the US performs well in specific areas like patient-centered care and pandemic response, it consistently underperforms in equity, administrative efficiency, and long-term health outcomes such as life expectancy. Rankings by specific category*

- *Overall: last place among peer nations in a comprehensive 2024 report.*
- *Access to care: ranks last, with high rates of adults not seeking care due to cost.*
- *Health outcomes: ranks last, with lower life expectancy and higher rates of preventable deaths and maternal mortality.*
- *Equity: ranks last in health equity, with significant disparities between high and low-income individuals and racial and ethnic minorities.*
- *Administrative efficiency: ranks last due to high costs and time spent on paperwork and insurance disputes.*
- *Care process: ranks near the top for areas like preventive care and patient engagement.*

*Have a nice day Dr. Mike*

\*\*\*\*\*

Now we are getting somewhere. With my audience awake, I ask a corporate executive President/CEO to share his unbiased perspective on United States health care. He graciously submits:

### **We Must Start Anew**

**By Charley Price**

*"It should be one's sole endeavor to see everything afresh and create it anew."*

Gustav Mahler

Dr. Mike White and I go back away — way back. It has been a good ride.

So, when he asked me as a corporate executive to submit some prologue-like thoughts to this *Fixing United States Health Care — Citizen Letters*: 1) I was delighted; 2) I knew I would say this important, meaningful work by this award-winning (The National Quality Forum/The

Joint Commission Eisenberg Award) author is worthy of your attention; and then 3) I would crunch a few numbers and share my corporate executive view of health care with you.

But, as man plans God does laugh.

With my deadline approaching (I'm a deadline kind of guy), I had a serious bike accident --- my clavicle and ribs had seen better days. And the incident essentially wrote these prologue-type thoughts. When my shoulder violently hit the pavement, I may have been one of four guys in my corporation (all receiving state-of-the-art care in the emergency department):

1. I am a senior executive consultant with Medicare. Annual premiums \$2400. Hospital charges \$110,000. Recognized charges (after a magical Medicare/hospital Kabuki Dance) \$15,000. Medicare pays \$12,000. I only owe (ED co-pay and in-patient co-insurance) and happily pay \$500. I have a prescription plan with reasonable co-pays and my co-pays for follow-up care will be minimal. We live in a great company.
2. I am the company's P/CEO with employer-sponsored health care. Premiums for wife and self \$14,000/year. Employer subsidy about \$28,000/year. Similar hospital numbers to above. My share (co-pays; deductibles; co-insurance) is \$8,000, which I can comfortably but unhappily pay. It feels like I am insured until an accident or illness intervenes. Good news --- I have met my annual out of pocket max and most follow-up care will be covered. Bad news, the numbers will all reset January 1<sup>st</sup>.
3. I am a company junior executive. Similar numbers to the P/CEO. However, life's realities (education loans, mortgage/rent, car payments, day care) make \$8,000 out-of-pocket almost insurmountable. Suddenly, my family's education, finance, food, health, housing and retirement securities are in jeopardy. I fear what the new year may bring. I realize I am not truly insured unless I am protected by Medicare and/or personal wealth.
4. I am the company's new line employee who will not qualify for health insurance for six months. Fearing, uninsured, I may face full charges (no magical hospital/insurance Kabuki Dance performed), I frankly do not want to even begin to think about it as my family's education, finance, food, health, housing and retirement securities are in jeopardy.

My executive conclusions --- as one responsible for the employees entrusted to me, I have grave concern. Increasing numbers of our citizens are only nominally insured or are uninsured. Each day, our unplanned United States health care places personal, hospital, community and national securities in jeopardy. Our United States Health Care (non) system (Dr. White's Hot Mess) has failed us. It cannot be tweaked into functionality. We must start anew.

Starting anew, we can do better. We must do better.

*Respectfully submitted,*

*Charley Price, President/CEO*

*Tampa, Florida*

\*\*\*\*\*

Thank you President/CEO Charley. Thank you Co-Pilot. My message validated and my audience alert, I shall keep on keeping on.

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushealthcare.com/>

*Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD*



## **Chapter 15.**

### **A Single Payer (not a single provider) System**

***By Dana S Kellis MD PhD MBA***

*“What we are missing, utterly and completely, in this government is accountability.”*

Paul Hawken

*July 4<sup>th</sup>*

*Fine Citizens hello.*

This fixing of United States health care is a lonely business. When my efforts are not being totally ignored, I get a lot of, “you are right, but nothing can or will be done.” Undiscouraged, I carry on (in my quixotic, quirky way). Trekking forward, I perceive frustration about change greater than skepticism regarding need. Even those (like me) receiving superb care at some level know about:

- A well-employed, ‘insured’ child or grandchild who despite employer-sponsored health care insurance faced \$12K in deductible expenses in 2025 --- with deductibles resetting January 1<sup>st</sup>;
- A cherished physician (age 69) who cannot retire until his spouse (age 62) qualifies for Medicare --- he continues to work for (near unaffordable) employer-sponsored health insurance as there are no reasonable alternatives;
- Wonderful empty nesters whose brood has returned home because health expenses have eroded their education, finance, food, health, housing securities. And worse --- have left their trailing generations robbed of a sense of self-worth;
- A child or grandchild stuck in a job he/she hates for fear of losing (near unaffordable) health insurance;
- A housekeeper (single Mom) who now lives in her car because health care expenses now preclude housing security and threaten food security; or

- A proud geriatric couple (aka The Sunshine State Hostages) fearing a move from Florida (the devil they know) to Virginia to be near family because of health care fiscal unknowns in Virginia.

As often mentioned, I am gravitas-lite --- heavy on message and light on influence. Looking for support, I turn to certifiable gravitas (Dr. Dana Kellis) who will share the observations, conclusions and recommendations of a self-described “frightened parent, distraught citizen, and angry (retired) health care expert...”

\*\*\*\*\*

### **A Single Payer (not a single provider) System**

**By Dana S Kellis MD PhD MBA**

*“What we are missing, utterly and completely, in this government is accountability.”*

Paul Hawken

I begin by applauding Dr. White’s erudite summation of the health care crisis facing our nation, as well as his personal dedication to using any means possible to address and eradicate the calamitous risks facing Americans as they attempt to access excellent doctors and hospitals to secure care for themselves and their families but are unable to do so because of both inadequate insurance coverage and insufficient personal wealth. I observe this first-hand on a daily basis as my well-insured, middle-class daughter attempts to secure care for her 4-year-old son with diabetes. Between insurance premiums, deductibles and co-pays and uncovered specialists, medications and equipment, she is left unable to afford other basic necessities like housing. Fortunately, my wife and I have sufficient resources to make things work, but there remain many “what-ifs” --- like the ever-present risk of a serious diabetic complication, or the possibility that my wife and I will no longer be able to help, or what would happen if she lost her employment and her employer-sponsored health insurance.

I am fortunate to have advanced degrees in medicine (MD), public affairs (PhD), and business (MBA), as well as decades of experience treating patients, working as a healthcare executive, and teaching at the graduate level in business, public affairs and medicine. With this background, I offer the following observations, predictions, and suggestions.

1. Our nation faces a perfect health care storm of:
  - A surging incidence of chronic and acute illnesses (diabetes and related conditions, measles and other viral illnesses, obesity, mental illnesses, gun violence, and so forth);
  - Exploding costs for care (driven by unmitigated increases in charges by physicians and other professionals, hospitals, insurances, pharmaceuticals, technologies, and regulatory costs); and
  - Plummeting confidence in healthcare providers and treatments as Americans interact with a system seemingly more attuned to profit and expansion than to

access and affordability. Overlaying all of this is a surfeit of absent, feckless, or destructive political leadership.

2. Every system is built to produce the results it is producing. We have a moral obligation to ensure that people receive the care they need. Nevertheless, even if 100% of Americans were miraculously provided with Medicare-like coverage in our current system, we would still have a burgeoning crisis (see #1) that threatens to undermine our nation. As Dr. White concludes, we need a new system. We need to somehow find the political, moral, and professional fortitude to bypass the endless and pointless discussions about how to pay for health care and instead tackle the real “elephant in the room” --- our unfixable and irredeemable health care system.
3. There are (mostly) no villains in all of this. To the contrary, there are many well-meaning, intelligent, and moral people working as doctors, nurses, hospital administrators, and so forth. The problem is they work in a deeply flawed system that makes “doing the right thing” almost impossible.
4. Our new system of healthcare must meet the following objectives, driven by ABC-STEEEP (affordable, basic, compassionate – safe, timely, efficient, effective, equitable/just. patient-centered care) principles:
  - Empowered competent leadership accountable to patients and communities and who are divorced from motives for profit, accretion of assets, or political gains;
  - Accountability and transparency for expenditures and costs of care, and elimination of fraud, waste and duplication;
  - Accountability and transparency for quality;
  - Accountability for coordination of care;
  - Accountability for the health and safety of communities served, including planning and striving for prevention of disease.

I believe the only structure able to meet these requirements is a single payer system (not a single-provider) with authority and responsibility to meet the health care needs of each American. Such a system would save many billions of dollars and make the United States the healthiest nation on Earth.

*Respectfully submitted,*

*Dana S Kellis MD PhD MBA*

*Academician, Administrator and Clinician*

*Patriarch and Church Elder*

*Farmington, Utah*

\*\*\*\*\*

Enough (so well) said. My message validated, my batteries are charged. Subscribing to the Butterfly Wing Theory ((tiny influences can dramatically impact outcomes), I will soldier on

in search of regional and national influence (for example, Professor David Brooks; PBS and Mr. Ken Burns; Author Mr. Malcolm Gladwell; and Reporter Lauren Peace).

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushhealthcare.com/>

*Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD*

## **Chapter 16.**

### **Last Resort Health Care and The Great American Health Care Paradox**

*“Imagination is the beginning of creation.*

*You imagine what you desire,*

*you will what you imagine*

*and at last*

*you create what you will.”*

George Bernard Shaw

*July 4<sup>th</sup>*

*Fine Citizens hello.*

Tampa Bay Times reporter Christopher O’Donnel has published (3/19/2026: *As health care cuts bite, Tampa Bay residents turn to last resort providers*) an important, accurate, compassionate article describing how the most indigent among us may receive life-enabling care in some Florida counties when life circumstances dictate. The care is funded by sales tax revenue. Good, heartening news, that.

But as this balanced article describes a health care solution for some, it articulates the certifiable, cataclysmic, catastrophic, chaotic, unaffordable hot mess that the unplanned, United States’ health care non- system has become. Placing the data within a Florida context:

- 20% of low-income residents younger than age 65 are without health insurance;
- In 2024, 11% of Floridians are uninsured (the national average is 9%);
- In 2026, expired Affordable Care Act subsidies and cuts in Medicaid are compounding the problem;
- Free clinics mostly provide primary and preventive care but do not cover high-cost specialty services, hospitalization or access to expensive prescription drugs; and
- Incomes barely above poverty levels exclude many from eligibility for indigent care;

This fine article assists with understanding the plight of the indigent. However, it indirectly suggests that the 90% of Americans with health care insurance are in a better place. Although this once was the case, it no longer is. Unless protected by Medicare and personal wealth, if/when significant illness or accident intervene most Americans now confront **The**

**Great American Health Care Paradox** --- while working and paying expensive premiums when well, if/when significant illness or accident intervene, our fine citizens find they are expensively (copays; deductibles; co-insurance; out-of-pocket maximums) uninsured. Despite expensive employer-sponsored health care insurance, the actual cost of care is placing their career, education, food, finance, health, housing and retirement securities in jeopardy. Downstream consequences are destabilizing community, economy and national securities as well.

So, we all now seek a health care last resort --- a planned United States Health Care System (USHCS) that will, by design, provide our fine citizens with universal access to affordable, basic/necessary, compassionate - safe, timely, efficient, effective, equitable/just, patient-centered care (ABC-STEEEP)

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixingushealthcare.com/>

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## Chapter 17.

### Senior Citizen Feedback --- Wisdom and Light

*"It's not what you look at that matters, it's what you see."*

Henry David Thoreau

*"The pessimist complains about the wind;  
the optimist expects it to change;  
the realist adjusts the sails."*

William Arthur Ward

*July 4<sup>th</sup>*

*Fine Citizens hello.*

I received an extensive email conversation from a long-time patient and colleague. With her/his permission, let me share it with you.

\*\*\*\*\*

*Dr. Mike hello.*

You are likely unaware that I have followed your work closely. Yes, as you say, you are a "quixotic, ancient, wizened, academic, administrative and clinical physician with a quirky style." But your message is true. Please keep on keeping on.

With your encouragement, I have striven to do important, meaningful work that makes a difference. Nearing the end of my journey, looking back, I have done OK. I now find myself intrigued by your Dr. Don (Quixote) quest to create planned, tax-payer funded, single-payer infrastructure --- The United States Health Care System (USHCS) --- that provides our fine citizens universal access to affordable, basic/necessary, compassionate --- safe, timely, efficient, effective, equitable (just), patient-centered care (ABC-STEEEP). You have my support. To assist your efforts let me share what is spinning (more questions than answers) in my own ancient, wizened brain:

- Truth --- I have had a good health care run. Benefitting from basic good health, Medicare has been there for me to help me age gracefully (eyes, heart, joints, etc.,). All good. I am most grateful.
- Desires and Wishes --- with your guidance, I have my advanced directives in order: “if you require to know my wishes, ask me. If I have lost the capacity to speak for myself, ask my surrogate who is prepared to say for me: “Death is part of life. I am comfortable with that. If treatment will likely return me to a comfortable, productive state then give treatment a go. However, if treatment will likely be futile, then concentrate on assisting me with a comfortable, dignified death.”
- Futility --- I see too many of my senior citizen peers receiving excessively expensive futile care at the end of their lives: care that attempts to prop them up from the inevitable; care that will not return them to comfortable productivity. Questions erupt: 1) Is this dignified? 2) Whose funds are supporting this profligate madness? 3) Don’t these wasted funds belong to their heirs and to their nation? 4) Where is the logic for wastefully expending fortunes on the elderly and failing to provide basic care (like basic prenatal care) to the masses?
- Greed --- I have personally observed the benefits (affordable comfort and dignity at the end of life) provided by my fine regional hospice. I am angered to be informed that hundreds of hospice providers in Los Angeles have defrauded Medicare of precious hundreds of millions: 1) angered that such greed exists; and 2) angered that it would take Medicare administration’s six years to comprehend that Los Angeles County should support one or two efficient, effective hospice programs (not hundreds of sketchy franchises); and 3) angered that this surely is not limited to one California county.
- Public Health --- The NYTs Editorial Board says it much better than I: [Measles Is Back - What Comes Next Will Be Worse](#). It is beyond me: 1) that anyone would place innocents in mortal danger for personal gain; 2) that anyone would undermine public health for personal gain; and 3) that anyone could accomplish this against the will of the people.
- Compass --- daily I observe my senior citizen peers are lost without a compass. They have a symptom and then they go on an inefficient (for them and their care givers), expensive (for them and for Medicare) hunt for relief. If/when they find the right pew of the church (the right clinician), their care is uniformly superb. However, too often they are in the wrong pew

of the wrong church. For example, the lady self-refers to the chiropractor; to the orthopedist; to the neurosurgeon; and eventually to the neurologist. Weeks, funds and precious clinician time have been wasted, and unnecessary morbidity has been endured. The solution --- an age and condition appropriate primary care team supported by AI (artificial intelligence) must guide all care.

- Billing --- my neighbor is a nuclear physicist. He/she had a rough go in 2025 and had several visits to emergency departments and operating rooms. Care was superb --- all good. At the end of the year, he/she received an accounting from Medicare: total charges \$212,000; approved charges \$30,000 (14%); Medicare's share \$22,000 (10%); patient's share \$2,000 (1%). Despite his advanced degrees, my friend is mathematically flummoxed. Less educated, I am speechless.

Thank you for considering this naïve ramble. As you create planned, tax-payer funded, single-payer infrastructure --- The United States Health Care System (USHCS) --- that provides our fine citizens universal access to affordable, basic/necessary, compassionate --- safe, timely, efficient, effective, equitable (just), patient-centered care (ABC-STEEEP), I give you my full support and every encouragement. How can this be funded? Addressing:

- The expansion of public health;
- The enhancement of the health and well-being of our youth;
- Age and condition appropriate primary care team gatekeepers supported by artificial intelligence;
- The pursuit of dignity and comfort at the end of life; and
- Elimination (the serious taking names and kicking butt) of abuse, bureaucracy, duplication, fraud, greed, misdirection and waste; and
- Sensible billing...

will go a long way towards balancing the books.

*Respectfully submitted,*

*Dr. Humble Thoughts*

\*\*\*\*\*

More questions than answers? I think not. I perceive wisdom generating more light than heat. Less lonely, I am energized to carry on.

*Respectfully submitted,*

*Dr. Mike*

<https://www.fixinqushealthcare.com/>

*Please share your perceptions (your reality) about what I have right, wrong and/or omitted. I will be delighted to hear from you as your insights will significantly enhance my efforts. Importantly, if/when a message rings true, please forward it to those you deem may desire to know. TMWMD*



## ***More to Follow...***



### Author's Working Notes:

- Malcolm Gladwell and Systems
- David Brooks; Ken Burns; Malcolm Gladwell; and Laren Peace and Health Care Gravitass
- BayCare Health System as Regional Pilot
- Symposium