

# ***Citizen Letters --- Draft***

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

***T Michael White MD***

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***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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*More to Follow...*



# *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, family, financial, food, housing and retirement securities in jeopardy if/when significant illness or accident 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*

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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*



## **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-player, 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-player, 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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### **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*

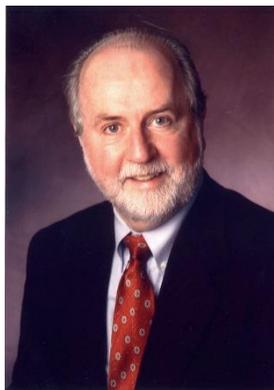
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#### **IV. The Author --- From Whence Dr. Mike Comes**



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*

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# Chapters

## Chapter 1. The Great American Health Care Paradox (I and II)

### 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 accident 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 often places family career, education, finance, food, health 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 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, family career, education, finance, food, health and retirement securities remain in jeopardy.

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 can no longer be tolerated. Our fine, virtuous citizens can, must and will rise and fix.

*Respectfully submitted,*

*Dr. Mike*

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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 auto 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 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:

- Jack's up-to-date medical record was reviewed;
- Jack's vital signs were measured and determined to be normal;
- Jack's symptoms and Mom's observations were patiently explored in detail;
- A pediatric nurse practitioner signed in;
- Mom, applauded for the Tylenol, was encouraged to begin to relax; and
- Jack'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;
  - Jack 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 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 authorized, there will be no co-pay. They, expecting you, will have his updated medical record in hand;
  - Jack's Pediatric Urgent Care Team will examine him and likely do some blood work to check the status of his muscles and kidneys;
  - Jack's Primary Care Pediatric Team will be kept informed of his progress;
  - A virtual follow-up with his Primary Care Pediatric Team may be arranged;
  - Again, connect back with us at any time.

On Monday, Jack limped back to school. Impressed with events, Jack envisioned himself someday in the medical profession. His Mom, understanding that the pre-USHCS world would have likely played out as a clinical and financial debacle, was, back at work, thrilled with her worry/care/affordability ratios.

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

Respectfully submitted with fondest personal regards,

Dr. Mike

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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 thoughts directly address the clinical case presented in Chapter 2 above: *Accessible, Affordable Care --- Clinical Paradigm*. 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 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...

- A blue-collar kid received care without out-of-pocket expense;
- His Mom does pay a modest annual tax as a percentage of her income;
- Her employer does pay a modest annual tax as a percentage of corporate income;
- 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 I --- expensively ‘insured’ when well and expensively uninsured if/when accident/illness would 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 effective access to ABC-STEEEP;

- Care as described eliminated a crowded emergency department visit that in previous years would have had a \$200 co-pay. Follow-up visits would have required \$35 co-pays;
- If meds had been required, they would have been included --- not so in prior years;
- The lad's portable, up-to-date, accurate, legible and always available medical record is a priceless gift to care givers; and
- Implicit efficiencies were realized:
  - Mother's sanity was preserved;
  - The need for stormy early morning distant travel was abrogated;
  - The emergency department was unburdened;
  - Urgent care and primary care team care was facilitated;
  - The mother maintained full employment (and a precious full week's take home pay);
  - Her employer is smiling;
  - Return to school was immediate;
  - If traveling, the same care would have played out anywhere in the United States and Territories;
  - The talented working mother is positioned to consider better employment should the opportunity arise --- her family's 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 is they are insured from the fear of facing insurmountable health care expenses that jeopardize family career, education, finance, food, health, housing and retirement securities. With their security, the security of hospitals, communities and our nation are enhanced.

*Respectfully submitted,*

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## 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

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<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 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*

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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*



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