# American Healthcare

## A Moderate Approach

As technology continues advancing medical sciences beyond the scope of our imagination, humanity's ability to heal is constantly surpassing what science fiction makes us believe possible. Despite these continued advances, citizens of the United States have witnessed a continual depreciation in the most basic of healthcare services, meanwhile watching the costs of those services continue to skyrocket. From a political point of view, neither side of the coin has showed any particular willingness to compromise, nor has either side made any visible attempt to think beyond traditional partisan boxes. On the one hand, Democrats seem all too willing to empower both the government and multinational conglomerates with impractical and anti-consumerist solutions. While on the other hand, Republicans do not even seem able or willing to acknowledge that the healthcare system is severely flawed.

If we indulge cynicism, it does appear the one success both parties have had is finding yet another outlet in which to further polarize a steadily misinformed, and politically divided nation. With these divisions driving the country towards civil unrest, one might wonder if it is even possible to steer the country back towards some type of realistic and agreeable middle ground. That is to suggest, is it possible for Americans to control their government, the underlying basis of the

entire American democracy, while still ensuring that the medical needs of an ever-growing population are properly met?

I believe the answer to this question is most definitely yes, but not without a very legitimate, voluntary, and rationally based commitment from individuals of both sides. Much like the topics that have already been addressed throughout this text, people will need to understand that there is a balance point within the system that we must strive for as a collective society. It is simply unrealistic to think that any country can provide the bleeding edge of technology to every person, all of the time, and without cost; it is simply not economically possible. But conversely, it is nothing short of malignity to believe we cannot, or should not, implement practical solutions that ensure the basic health and well-being of all Americans without creating financial hardships for anyone, whether they are rich or poor.

Proverbial wisdom suggests that sometimes one must take a single step back in order to take two steps forward. Given how far the country has moved in both directions away from center, it stands to reason that we would need to take a very large step backwards in order to correct our problems. But if both liberals and conservatives would be willing to embrace that parable and champion sensible legislative adjustments rather than merely dictating their own far-leaning partisan ideologies, I believe Americans could enjoy the most functional and efficient healthcare system in the world.

## The Healthcare Divide

There are few things responsible for creating more division in the United States than when politicians express radical stances on hot-button issues. These issues mysteriously tend to pop up around election cycles and are particularly good at distracting voters from real problems that much more significantly impact the nation. For years, politicians have been utilizing this method to prey upon human emotion and sway voter opinion in the direction they choose. In one manner of thinking this is exactly what politicking is, but it is the abuse of this methodology that has hit an absolute tipping point. That tipping point is resulting in dire consequences for the country. In more

recent years, politicians have included topics such as abortion, gay marriage, government spending, gun control, and immigration, just to name a few. Though these issues are certainly relevant to public discourse and should be debated, they typically receive a significantly disproportionate amount of attention when compared to other issues. This is not because they are important topics that will affect the majority of American citizens. They are instead political fluff for well-oiled campaign strategies. Regardless of how intense politicians may appear to stand on these issues, or how frequently they may bring them up, rarely will we hear any type of legitimate stance, be it for or against. For example, Republicans have frequently rallied behind their strong opposition to abortion, but never have I heard a plan or even a strategy for how they would intend to reverse the landmark 1973 Roe v. Wade decision. Similarly, for years Democrats have toted themselves as the party that promotes equality for all, and yet only a select few have shown the political fortitude to speak in favor of same-sex marriage despite the glaring discrimination it presents to gay and lesbian Americans. And so it goes that every election cycle the general electorate is treated to what appear to be intense debates, but somehow remain oblivious to the fact that nothing substantial is ever being said. Unfortunately, this has become somewhat of the political norm for politics in America.

Although this behavior is discussed in a later chapter, I have included a brief summary here to remind readers of how disheartening the political game has become. What was once a tool for offering hope and new ideas to the country has become nothing but a marketing gimmick full of cheap rhetoric and empty promises. However, despite our being conditioned to accept this political process, one of the very few talking points that actually carried some follow through from the 2008 Presidential election was that of healthcare reform. President Obama spoke extensively of his intentions to radically overhaul the system, and for better or worse, he definitely did follow through.

As the 2008 presidential race raged on, the Democratic Party consistently and clearly expressed their intentions to pass some form of universal healthcare upon a presidential victory. Then-Senator Obama was very much in line with his party's position and at virtually every rally, interview, and debate; he articulated his intent to push for

significant healthcare reform should he be elected. For that matter, other Democratic hopefuls (particularly Senators Hillary Clinton and John Edwards) echoed similar sentiments throughout respective campaign trails. While partisan crowds of Democrats cheered for the hard stance their party was promising to take on healthcare reform, equally partisan Republican crowds were quick to label the Democrat's ideas as impractical, irresponsible, and even socialist. Unfortunately, aside from suggesting tax credits, Republicans never felt the need to offer any real type of plan for how the country could deal with the bureaucratic and corporate-driven debacle of the American healthcare system. It would therefore stand to reason that either Republican constituents associated healthcare reform as a typical hot-button talking point with no anticipation of follow-through from Democrats, or that Republicans simply had not found the American healthcare system to be broken.

And so upon being elected by a clear majority, and eventually inaugurated on January 20th, 2009, President Obama quickly began pushing Congress for new healthcare legislation, just as he said he would. To the credit of the Democrats, this was actually very much in line with their boldest campaign promise. It therefore followed that since "we the people" elected the leaders in a series of majority votes, and those leaders introduced legislation on par with what they claimed they would, the democratic process was by all textbook measures quite a success. Of course, if one factors the actual legislation that was passed and the manner in which it was passed, keeping campaign promises should have seemed like little value.

The Patient Protection and Affordable Care Act of 2010, also known as Obamacare, was anything but a bill with the best interest of the American citizenry in mind. Members of Congress created a massive 2,200-page text rife with bloated spending provisions, special interest projects, hidden taxes, and undisclosed IRS provisions. All of these hidden agendas would be revealed in the ensuing weeks and months after the bill had already been executed into law. Rather than to try to provide some type of constructive approach towards minimum healthcare expectations, Congress instead federally mandated the purchase of private insurance. Thus, for the first time in American history, all American citizens became legally indebted to private

corporations literally from the day they are born. The legislative process contained an almost a complete lack of transparency on all fronts. Members of Congress, predominantly Democrats, were anything but shy talking about backroom deals being made. Even the final addendum to the bill was passed controversially using the method of reconciliation, a Congressional process otherwise reserved for budgetary bills that specifically restricts debate time. This process was used to make at least thirteen significant changes to the healthcare bill after it had already been passed.

On March 9th, 2010, twelve days before the House of Representatives voted on the bill, Speaker of the House Nancy Pelosi had the audacity to publicly inform an audience at the National Association of Counties that the bill would have to be passed before it could be read. Specifically, she said to her audience:

*"You've heard about the controversies within the bill, the process about the bill, one or the other. But I don't know if you have heard that it is legislation for the future, not just about health care for America, but about a healthier America, where preventive care is not something that you have to pay a deductible for or out of pocket. Prevention, prevention, prevention. It's about diet, not diabetes. It's going to be very, very exciting. But we have to pass the bill so that you can find out what is in it, away from the fog of the controversy."*

What a relief it was to know that politicians of the twenty-first century have become so trustworthy that Americans no longer even need to read the governing legislation they have been elected to create! Needless to say, transcripts and videos of her statement quickly circulated the Internet prompting outrage from those who already opposed to the bill, and indifference from those who supported it.

I had even heard it argued by Democratic supporters of the legislation that Republicans should embrace the bill due to its similarity to Massachusetts's law. The claim was that after all, it was essentially the same type of healthcare package that Republican presidential hopeful Mitt Romney had signed into law on April 12th, 2006 while Governor of the state. Unfortunately, the irony of such a statement seemed to be lost on many of those same people. That is to say, if the Obama

healthcare package was anything like Mitt Romney's (which in many ways it was), then why would liberals be so inclined to support something that had been previously adopted by a conservative, right-wing, exceptionally wealthy, former Republican governor? Surely those same left-leaning individuals would not have cheerfully supported such a federal proposal from Mitt Romney had he won the general election?

But none of this, not the lack of transparency, not the special interest clauses, not the mandate tying individuals to private industry, not even Speaker Pelosi's insinuation that Congress should simply pass legislation before Americans even read it, seemed to sway public opinion one way or another. The problem, it seems, is that those who were already behind the Democrats were willing to take anything that was thrown in their general direction, regardless of how senseless or poorly crafted it may have been. But this is the culture we have created; legislative particulars and practicalities are of little importance to people, provided that they come from the far left, or the far right.

Still, the fact that most Republicans and conservatives were so outspoken and appalled by the passing of the legislation does, in one light, appear to be a bit hypocritical. That is to say, given that the right wing of the country enjoyed virtually no oversight and exercised such disregard for the Constitution over the better part of eight years, why would anyone have expected that the Democrats would suddenly be inclined to play fairly after their Congressional and Presidential victories?

So while I would fully agree that conservatives should express their disdain for this type of radically polar legislation and legislative process (as should liberals), the numerous one-sided liberties taken by President Bush's Administration just prior should also not be forgotten. A short list of these accomplishments includes invading Iraq and Afghanistan without Congressional declarations of war, justifying the need for deficit spending, providing financial military aid to Pakistan, curiously shifting focus from Osama Bin Laden to Saddam Hussein, enacting the Patriot Act into law, holding prisoners on foreign soil without charges, endorsing an amendment to federally ban same-sex marriage, and providing bailout capital to some of the country's largest corporations while ignoring a struggling middle class of people.

And therein lies the back and forth game of radical policymaking that has successfully permeated American culture. The painfully obvious reality that neither Democratic nor Republican constituents want to acknowledge is that engaging in such radical policymaking does not work. Moreover, it is dangerous and divisive. As we have witnessed for years, implementing such policies will only result in equally radical ones of opposing ideals being implemented with the next changing of the guard. Of course this type of policymaking can only exist for so long. Eventually policies become so on the fringe that civil unrest becomes the only remaining option.

If only we could find a way to convince people to consider both social and fiscal responsibilities with some form of moderation, and without the need to draw from the far ends of the spectrum. If only we could convince people that instead of providing unbridled loyalty to a party, that they instead speak out and challenge their party to do what is best for everyone, instead of merely appeasing themselves. In that alternate reality we might be sitting with a model for healthcare that was fiscally responsible, socially conscious, and soundly economical for consumers. Instead, the country is left to deal with a political and social nightmare that is likely to waste tremendous time and resources on lawsuits, repeals, and Congressional challenges for years to come. Instead, the country is left with a bill that will almost undoubtedly raise the cost of healthcare while simultaneously reducing the quality of it. And instead, the country is divided in half, outraged at one another's lack of moral obligation and fiscal sense, respectively from the left and right.

There is a much more damaging and fundamental problem with the United States remaining so divided on the topic of healthcare. Unlike so many of the hot-button topics that have little significance in the grander scheme of the country, the fundamental ability of human beings to heal one another represents a cornerstone of all humanity. It is something that each and every one of us has always, and will always be dependent upon in one way or another. So the question still remains, how can an entire population that is equally dependent upon a system maintain such vastly opposing ideas for its application in society? It is imperative that we force one another to bridge this divide, and that we force our politicians to do the same. In the interim

of moderate solutions, medical companies will continue reaping enormous profits, families will continue seeing higher costs, and the overall health of the country will only continue to worsen.

## Healthcare vs. Health Insurance

Before the United States can even begin to make progress towards sensible healthcare policies, Americans must first comprehend what is being debated. Over the past few decades, and certainly throughout the healthcare debates of 2010, the terms health insurance and healthcare have been increasingly used to mean the same thing. In fact, the phrases are frequently interchanged throughout interviews, debates, and occasionally even on the Congressional floor. It has not surprised me in the least that most politicians have carefully avoided clarifying the topics, at times even dismissing the differences as mere semantics. But however insistent politicians might remain on the synonymy, nothing could be further from the truth. Stated very clearly, health care and health insurance are two fundamentally different ideas. Health insurance is nothing more than a subset of any other insurance. In general, insurance is a system that hedges a fiscal value against the risk factor of potential financial loss. It is nothing more than a legitimate system of gambling, albeit there appears to be a great deal of reluctance to associate that term with it. Nevertheless, in the specific case of health insurance, it is responsible for covering the medical costs of the policyholder in the event of an emergency. This is specifically why insurance policies for those with pre-existing conditions have been significantly higher than those without. It is also why insurance policies for those who commonly partake in dangerous activities have been significantly higher as well. In both cases, the risk of financial loss is elevated and thus a higher wager needed to cover that risk, so to speak. Healthcare, by very stark contrast, is simply the treating of an injury or illness (both mental and physical) by trained medical professionals. The most important distinction between these two phrases is that healthcare has absolutely nothing to do with financial risk mitigation; it has only to do with the wellness of human beings.

When we allow politicians to intertwine these terms at their convenience, or when we do it ourselves, it makes it impossible to

discuss obvious and costly flaws within the system. Whether some form of universal coverage were to exist or not, we all understand that some form of healthcare is required; this is fairly simple to comprehend as we all have been witness to injury and illness. But by conflating these terms, this also assumes that we need health insurance as well, and that is not necessarily true. One of the first things we have to remember about insurance is that it is a business, plain and simple. It is not a privilege for the public to freely indulge, and it certainly does not operate like a charity. Like all businesses, the two most important functions are keeping costs low and profits high. This in no way precludes a business from being altruistic, but if it is unable to be profitable, then it eventually ceases to be. Likewise, if a company is unable to sustain upward growth in the long run, then there is typically little incentive to continue improving it. In order for the business to succeed, it is imperative that a demand exist for the products or services the company sells. The insurance market is no exception to this rule; ask any insurance salesman. But slightly more counter-intuitive is considering where consumer demand comes from within the insurance market and understanding how politicians and insurance companies can manipulate this demand.

When it comes to insurance, there are two specific prerequisites that must be met in order for demand to exist. The first one is fear, and the second is high costs. This might sound like the introduction of a conspiracy theory, but it is actually quite logically sound and in fact exactly what drives the market. For example, consider the likeliness of someone from Omaha, Nebraska insuring a one million dollar home against earthquakes. Or for that matter, the likeliness of someone from Los Angeles, California insuring a five hundred dollar tool shed against earthquakes. In the case of Omaha, there is absolutely no history of earthquakes throughout the state, so there is no reason to fear such a cataclysm. And in the case of Los Angeles where earthquakes are fairly common, there is little reason to insure something of such inconsequential relative value. Even if the shed crumbled entirely to the ground, the total cost to rebuild would not exceed five hundred dollars and could hardly be considered financially devastating.

This is again why fear and high costs play such a vital role in creating the demand for insurance. Consumers must first be convinced that

whatever they are buying protection from actually has a statistically realistic chance of occurring. If you purchase fire insurance for your home, you must first assume your home *could* catch fire. If you purchase comprehensive auto insurance for your car, you must first assume you *could* be in an accident. And if you purchase renters insurance for your apartment, you must first assume that your possessions *could* be destroyed or stolen. The complementary factor of high cost is what fuels the frenzy. Many families spend decades paying off their home mortgage. Should their home suddenly catch fire and burn to the ground, the valuation would be so high that they could not realistically afford to replace it; this would be a highly devastating financial loss for them. The same is true of most vehicles and personal estate belongings. The high value of these goods combined with the fear of losing them is what creates the demand for insurance. Historically speaking, the open market has shown that most people are willing to pay small reoccurring fees for a little peace of mind should the unthinkable occur. Despite what some people may wish to believe, it is important to understand that it is impossible to insure sentimentality, or that which is irreplaceable. Insurance cannot replace things; it can only repay their perceived valuation. Therefore, in order to insure anything, that which is to be insured must first be assigned a monetary value. It is probably fair to say that insurance is really nothing more than a service provider of financial security. But it is really only a useful service if we first believe, or are convinced that we could find ourselves financially insecure.

In a consumer-driven market, most businesses have a desire to see the costs of goods and services remain low; this generally allows them to sell more products. Insurance companies are unique in that they have a vested interest in seeing the costs of goods and services remain high. That is to say, the more expensive things become, the more expensive they become to replace. Consequently, the service of selling a financial safety net appears all the more necessary. This is perfectly fine when we consider most insurance markets because there is no way to significantly influence or alter the marketplace. In other words, it is virtually impossible to predict any sort of truly calamitous event, the very things that insurance is designed to protect against. Nobody can predict that their house is going to burn to the ground one morning, or that they are going to be in an accident while heading out for a drive, or

that they will be burglarized while away on vacation. Furthermore, unless insurance agencies began secretly committing acts of arson, reckless endangerment, or larceny, respectively, then they have no way to increase the likeliness of these occurrences. Over the years they have used hundreds of fear-based marketing campaigns to increase the perceived need for insurance, but even these tactics can only have so much of an impact given basic day-to-day observation. This is specifically why most insurance works rather well; it relies on true actuarial calculations that factor the likeliness of incidents versus the costs of loss and base both on historical and market factors. But in the case of health insurance, the problem is that the calculations are no longer exclusively based upon unpredictable calamitous events. This allows the risk factors we paying to be insured against to be directly manipulated by the same companies providing the policies. Americans have become convinced that health insurance should serve as some sort of financial subsidy for even the most basic of healthcare needs. This creates a goldmine of business opportunity – for health insurance companies.

Imagine for a moment if we relied upon our homeowners insurance for all of the minor repairs we made to our house, or if mechanics had to collect payment from our auto insurance provider after every oil change. It might sound a little ridiculous, but these are exactly the same types of expectations that we have deemed acceptable within the specific realm of health insurance. It would certainly be possible in both cases for insurance agencies to handle these rather mundane necessities, but not without significant base cost increases. If we allowed those changes to take place, we would no longer be paying for a financial safety net to cover the unpredictable losses of our homes and vehicles respectively; that would only be part of it. The other, and more significant part would consist paying a middleman to manage our personal business dealings with other private companies. And this is exactly how modern health insurance companies have managed to alter the face of the American healthcare system. They have slowly propped themselves into the position of executing most healthcare decisions in the country. But given how susceptible routine healthcare is to the influence of regular markets, this creates an unbelievable conflict of interest, and Americans are the ones who are suffering as a result. We need to again be reminded that insurance companies, just like medical

service providers, are businesses. This means that most Americans who hold health insurance policies are just paying one corporation (the insurer) so that corporation can pay another (the medical service provider). Only in doing so, the insurance company attaches whatever restrictions it wishes to the transaction and still takes money off the top. This is not the premise of insurance. The fact that we schedule doctor appointments weeks and months in advance with the intention of using insurance as the method of payment is evidence of this. It shows exactly how ignorant we have become of this fiscal reality. But at the same time, it is hardly fair to blame insurance companies for their part. As we have already examined, their objective as a business is to maximize profits, not to indulge in altruism. The system described above presents them with a lucrative way in which to accomplish their objective. Americans need to be willing to take their share of responsibility for carelessly buying into their practices. This mentality has been in place for over two decades and the problem is only worsening.

There are a host of very serious consumer drawbacks that arise from giving a business this type of control over personal monetary decisions. Specifically, health insurance abstracts the cost structure of goods and services. In the traditional sense of how insurance works, this is not the case because the policyholder is only compensated for his or her financial loss. If one's house burns down, or one's car is destroyed, an adjuster determines the valuation and a check is paid in that amount. How that check is spent remains the decision of the policyholder. We have developed the expectation that health insurance should be used more like a credit card or gift card; provided we can show proof of our prepaid policy, the bill is paid for, or at least most of it is. When every single transaction is routed through an insurance claim like this, regardless of how minor it is, the ability to know what we are spending money on becomes exceptionally difficult. The need to care about what we are spending money on is removed from the equation entirely. When the financial transaction is abstracted and insurance simply "covers it", the consumer has little reason to exercise any fiscal responsibility at all. The customer could have been charged for dozens of unnecessary services, but what is their incentive to dispute these charges given they are not the one paying the bill? This is similar to arguments against a number of welfare practices. The fact is that

reckless consumerism is easily observable in any marketplace deprived of fiscal consideration. Although it might make goods and services appear to be free, or at least inexpensive, in the long run it is something we all wind up paying for while somebody else profits.

Consider for a moment what it might be like if we really did expect our auto insurer to pay for routine oil changes and other minor maintenance. If that were to become the case, auto insurance companies would find themselves in the position of having almost complete control over the marketplace. They could begin dictating what type of services could be performed, what brand of oils could be used, and even how frequently cars could be brought in for service. They might even begin requiring mechanics to send in logs of the car's computer. This could help to ensure that the driver was driving within "appropriate" limits since they would legitimately have a vested interest in the operating conditions of the car. There might be various lawsuits over consumer privacy rights, but with such an enormous marketplace, lawyers and lobbyists could be hired to sort that out. And on the other side of the equation, what would prevent mechanics from acting in their own self-interest and performing more comprehensive and expensive tests on vehicles? Like all other businesses, their objective is to maximize profit margins as well. The insurance company would likely impose some fixed limits, but they would still not have many practical ways in which to control spending. And even beyond that, what incentive would exist for limiting spending in the first place? If the cost of regular maintenance began to rise (as it undoubtedly would), the insurance company would just pass those additional costs onto their customers. Given the volume of their customer base and ability to track statistical usage, they would be in the unique position to raise their rates slowly while the actual costs of goods and services simultaneously rose rather quickly. It would even be in best interest of the vehicle's owner to request every possible test, to make every minor repair, and to replace anything that was remotely showing signs of wear. Since the bill would already be paid for, in advance no less, what would inhibit the owner from requesting the utmost of care for his or her vehicle?

If we apply some numbers to this, imagine that the mechanic tells the customer they can get a standard oil change for $35, or a

comprehensive oil change for $40. In both cases, they are informed that insurance will cover the full cost. Naturally, most will pick the more expensive option since it will be perceived as better and is paid for by insurance regardless. That seemingly small increase just by itself already represents a base cost increase of over fourteen percent! Since the insurance company is the one paying the end bill, they know exactly how much customers are spending on oil changes, and how often they are paying for this service. The math is a bit more involved, but if most consumers began to take the more expensive option and required service an average of 4.25 times per year, the insurance company would need to cover an additional $21.25 per customer per year. If we also assume that the insurance company took an additional dollar off the top, they would have to raise rates by $22.25 per customer per year to cover their costs and also increase their profits. This is where basic marketing principles and human psychology play a vital role. By itself, an additional $22.25 seems like a reasonably large jump in price. But when this rate is spread across the entire year, insurance policy holders would only see an increase of about $1.85 per month, far below the threshold of any real concern. This is exactly how the insurance bill would look, and exactly how an insurance salesman would explain this to a client. But now the mechanic is routinely charging more, the insurance company is routinely collecting more, and the customer winds up paying more for a supposed higher-end service that they have never previously required in the first place. As more and more people begin purchasing the expensive options, the perceived market value of the service begins to rise in accordance. In other words, there is an illusion that the market is demanding a better service and that people are willing to pay more for that service, when in fact neither is really true. As the costs begin to rise, those who are uninsured quickly find themselves having to spend more and more for the same routine car maintenance since the perception is that the market will bear more for these services. Eventually this allows the insurance company to further justify how they can help the consumer, but only because they are responsible for artificially driving up market rates in the first place! This is how health insurance providers have a tremendous ability to manipulate the price of the market.

This is a purely fictitious example, but also a parallel of how modern health insurance companies have fundamentally changed the landscape

of expectations within the United States. Moreover, how Americans have willfully bought into the practices. They have blinded people from the reality that routine healthcare service would otherwise not be unusually expensive to begin with. This is especially true when compared to the high monthly costs that most modern health insurance plans charge. Statistically, the need for routine healthcare does not occur all too frequently and is relatively predictable in nature. In the wintertime for example, North Americans experience an elevated risk of colds and flus and will be more likely in need of doctors. In the summer months, this need drops off rather precipitously. So why then is the country paying such high rates to have these uncertainties accounted for, when in fact the alleged uncertainties are relatively predictable to begin with? Why not just let customers pay doctors directly for their basic services and let insurance protect against truly unpredictable medical needs? What originated as a legitimate branch of insurance has devolved into a bureaucratic and corporate-driven system of healthcare administration. It has become, in every way imaginable, a bloated and completely unnecessary component of the American healthcare system.

This is in no way to suggest that health insurance is not beneficial or that it should not be purchased. To the contrary, and like many other insurances, health insurance can be invaluable in its ability to protect against financial loss when unpredictable accidents and medical emergencies occur. We should ask ourselves both as individuals and as a nation whether we are purchasing insurance to cover our medical losses, or just to manage our routine healthcare costs. If it is the latter, then we need to understand that this is not insurance at all; it is just an abstracted and convoluted corporate hegemony of financial manipulation and administration. Whether various industries associated with American healthcare are intentionally engaging in collusive behavior is purely speculative and a matter for debate. However, if the health insurance industry has the ability to drive costs upward, inadvertently or otherwise, and we know that the fundamental purpose of business is to maximize profits, then how can we ignore the glaringly obvious risk this places upon us? Is it actually reasonable to expect that businesses should act in the interest of consumers? This is why it becomes imperative that people understand how healthcare and health insurance are fundamentally different terms. The blurred

relationship between these is two ideas and the resulting ignorance is a significant factor in why American healthcare costs have continued to rise for years. And as of March 23rd, 2010, President Obama and the 111th Congress of the United States legally intertwined the two as one.

## An Unpredictable Event

On the evening of April 8th, 2009, I was in a motorcycle accident just a few miles from my home. When I awoke, I was laying on my side in the middle of a four-lane road, surrounded by people. The next sixteen hours provided me with a first-hand glance of how our emergency care system purports itself to work, as well as how it actually works. At a time when I legitimately needed to ensure my own well being, the events following the crash tested my principles far more than my pain tolerance.

The background of the accident is fairly a straightforward story. As I traveled northbound on a local arterial road, the driver of a vehicle three cars ahead of me slammed on the brakes and made an unexpected illegal left turn through a median at the bottom of a hill. The two cars in front of me were forced to slam on their brakes as well, narrowly avoiding one another in the process. I was later told that pedestrians in the vicinity heard the screeching of their tires, saw smoke rising from the burning rubber, and witnessed a red motorcycle crash into the back of a Ford Explorer and its passenger launched through the air.

Although I had seen the entire chain of events unfold before me and took every evasive action I could, the brakes on my motorcycle locked and threw me into a skid. Unable to control my motorcycle, I veered directly towards the back of the SUV. I turned the bike sharply to the left as a last ditch effort to avoid the car, but evidently did not come to the decision quickly enough. My motorcycle slammed into the vehicle instantly throwing me forward. As I flew forward through the air, my legs clipped the handlebars and the right side of my body forcefully slammed into the back of the Explorer. I wound up landing headfirst several feet away on the hard asphalt below. Had I not been wearing a helmet and minimum safety gear, I suspect the impact would have

killed me, or at least left me with a severe brain injury. To those immediately on the scene, I appeared as nothing but a lifeless body laying in the fetal position. It is still unclear whether I fell temporarily unconscious, but I certainly was not moving – yet.

After some unaccounted period of time I found myself peacefully gazing up through my helmet's visor at a growing crowd of people. Some sounded emotional; others as if they were trying to control the space around me, but to the best of my recollection, all sounded legitimately concerned about my well being. I could hear several speaking with emergency dispatchers from their cell phones. As I began hearing sirens in the distance, it occured to me what the ensuing medical costs would be for a medical transport and I decided at that moment I would need to take some action. Much to the verbal dismay of the onlookers, I carefully stood up in a mild stupor, brought my motorcycle upright, and proceeded to walk it off of the road so the growing traffic jam could pass. A number of individuals helped me to the side of the road and sat me down on the grass to wait for the fleet of emergency vehicles to arrive. One of the girls helping me was on the phone with EMS and told me an ambulance was on its way. Despite the condition I was in, I asked her to tell EMS that I did not require their assistance as I was not interested in paying the several hundred-dollar price tag that I knew would be associated with it. She did relay this message, but it was the policy of the emergency crew to show up on the scene anyway.

When the medical team arrived on the scene, they asked me a number of questions related to my condition and performed a very basic examination of my neck and spine. Even though they suggested it was in my best interest to go to the hospital with them, they were polite and professional as I declined their services. The chief police officer on the scene was incredibly considerate throughout the ordeal and ensured that I did not wish for any additional medical services before eventually waving the ambulance off. As the ambulance drove off and the traffic flowed regularly, those who had stopped to look slowly began to disperse.

In the end, the car that had turned illegally was nowhere to be found and my collision with the Explorer was ruled a no-fault accident by the

police. I managed to get a ride back to my house from the local motorcycle towing company on the scene, but my ordeal with American healthcare was just beginning. I first attempted to get in touch with my insurance provider to determine if this sort of incident would be covered by my catastrophic plan. I ultimately gave up after about forty-five minutes, as I was unable to get in touch with anyone, though I did later find out that any costs would simply have been applied towards my catastrophic deductible. With my pain worsening by the minute, particularly as the adrenaline from the accident had worn off, I was clearly in need of medical attention. I relayed the details of the accident to an ex-girlfriend and she graciously came to my assistance and took me to the hospital.

Torn, bloodied, and unable to move my right arm, I hobbled into the emergency waiting room and spoke to a nurse about needing medical attention. Seeing the condition I was in, she quickly brought me into the admittance room to check my vitals and gather some information from me. The check-in process itself was very fast and efficient, and there was no wait to be assigned to a private trauma room. As the nurses concluded the check-in process and wrapped the iconic medical bracelet around my left wrist, I paused and asked them what I assumed at the time was a very common question. I asked them how much the examination was going to cost. Both nurses appeared almost startled that I would be asking such a question under the circumstances. One of them responded very curtly that she did not know and that it was unimportant given my current condition. I felt as if I had asked her something offensive.

I explained calmly and clearly my understanding of how it would be difficult to provide an exact dollar amount, and that I was merely asking for a ballpark figure. I even went on to explain that I simply wanted a very basic medical examination to be sure that I did not have any internal bleeding and that my skull was not fractured. Anything more would be a huge bonus to me. Regardless of this clarification, I was again told that it would be impossible to give me any sort of a figure and that I should not be concerning myself with the medical costs.

After pushing for what seemed like several minutes, one of the nurses eventually relented to my increasing agitation and informed me that the medical attention would likely cost between five and seven thousand dollars. Although I did plead unsuccessfully for a more reasonable price, particularly given the attention I felt I needed, I informed the hospital that I could not justify paying such a high fee for the basic care I was seeking and that I did not want to receive medical treatment. The stunned expressions on the nurses' faces left quite an impression upon me and I was promptly asked to leave the admittance room.

Literally dripping blood with each step, I slowly hobbled back across the waiting room towards the front door and was driven back home. My ex-girlfriend, brother, and another dear friend kept their eyes on me throughout the evening as I waited for the local urgent-care facility to open. Ten hours after the accident I was taken by my brother to an urgent-care facility and finally received a full, and much needed medical examination. Doctors examined my neck and spine, checked for signs of head injuries and internal bleeding, tended to dozens of lacerations, took and interpreted eleven x-rays of my arm, leg, head and neck, and provided me with antibiotics and pain medication. I paid my bill in full on the spot without any type of insurance for a grand total of $252, almost twenty times cheaper than the lowest figure the emergency room nurse had estimated.

## Impractical Expectations

Obviously every medical emergency is different and every patient unique. However, if you take that story into consideration without applying any type of political bias, there is at least one point of comparison that should stand out above all else. How is it that the price of one health care option is able to outweigh another by twenty fold? Is it actually possible that I, or any other patient, could have been the recipient of twenty times the level of care? It is highly unlikely.

Had I been comprehensively insured at the time of my accident, it is a fact that that I would have received the highest level of care immediately following the accident. Furthermore, it is highly unlikely that I would have questioned any of the associated finances with the

examination since I would not be directly responsible for them. But in a healthcare system whereby finances must be accounted for in one way or another, the question still remains of how the two estimates of care could have varied by so much. This is why having a thorough grasp on the economics of modern health insurance is so important. These huge cost differentials are common and due to the fact that there is no incentive to control costs within any step of the process. Insurance companies and medical corporations massively benefit from the liberal and often unnecessary applications of their products. This is exactly why the hospital bill would have been so much more expensive than the minor care facility turned out to be; I would have paid twenty times the cost for a fractionally more accurate diagnosis, all the while experiencing a barrage of the latest and greatest medical technologies.

The question that should be asked of all Americans is whether our expectation of a healthcare system is to save lives, or to provide individuals with every advanced comfort available regardless of the broader scope of costs. It seems that the expectation from most people who supported the healthcare bill is the latter; every medical condition should be accounted for, regardless of the costs involved. Not only is this impossible, it is unconscionably selfish. There are a finite amount of monetary resources available within the United States and every medical procedure uses up some of these resources. When we waste precious resources in an effort to make fractionally better diagnoses, there are simply less resources available for the greater good. The consequence of this will be an increase of medical spending across the entire country, albeit abstracted through insurance premiums. Of course with any type of spending increase, those at the bottom are always going to get hit harder than those at the top.

In the nineteenth century it would have been considered a medical luxury for one to have access to a drug like acetylsalicylic acid. Despite the comfort it could have provided to millions at the time, there were still costs involved in its production and thus it was generally administered only when absolutely necessary. As medical and technological advancements were made, the drug became cheaper to manufacture. Eventually it became readily available, albeit as something called Aspirin. This type of history is significant to our current predicament. Not all medicines can be made instantly available

to those who need them. If politicians had a genuine interest in helping to solve the American healthcare debacle, they would be working to reduce healthcare costs. They would be ensuring that the costs of modern drugs were decreasing and becoming more accessible to Americans, much like Aspirin once did. They would not be instituting policies guaranteed to increase the level of medical spending under the false pretense that this will somehow result in better healthcare.

Any politician who would attempt to convince people that the intent of mandatory insurance is to put everyone on equal footing should have his or her motives severely scrutinized. The notion is both impractical and illogical. If we assume for a moment that every single American were somehow provided the exact same quality, convenience, and cost of healthcare, then we would also have to assume that not one other American (of over 300 million) would attempt to find a medical product or service even slightly better, more convenient, or cheaper. Of course human beings simply do not function in that way. This is why the tenants of capitalism, despite the flaws, are what drive a free society. Perhaps not surprisingly then, the bill also addresses at least one capitalist enterprise.

The healthcare act of 2010 curiously contains a provision for levying additional taxes against tanning salons. This is actually one of the mechanisms installed to cover the additional costs, albeit a seemingly small one. The idea behind the tax is that since tanning salons are unnecessary (according to the state) and increase the risk of skin cancer, then they should be taxed accordingly. The idea is actually quite logical; the higher the risk of adverse health effects, the higher the tax should be. But this is an extremely dangerous precedent we have permitted the government to set for itself. By what authority does the United States federal government have to dictate what is "good" for us, and what is "bad" for us? Moreover, who makes that decision?

While I personally believe a tanning salon is a ridiculous waste of money, many would say the same of a motorcycle. Many might also say that a motorcycle is far more dangerous; why not tax motorcycles in the same way? Statistically speaking, they pose a far more significant risk to riders than those of cars. What about the correlation of fast

foods to obesity and diabetes, or perhaps the ratio of adventure activities to injuries, or promiscuity to pregnancy and disease? There is an almost never-ending list of causality in our world. It would stand to reason that within this government-controlled framework, any type of non-essential, higher-risk activity could be subjected to arbitrary government taxation in the name of better healthcare. If I had to guess, I would imagine tanning salons simply lacked the necessary lobbying power in Washington prior to the bill's passage.

Allowing the government to be the judge and jury of what constitutes acceptable risk would lead to a nanny-state of unfathomable dystopian proportion. The United States was founded on the idea that people control their government, not the other way around. This basic concept is responsible for the entire western notion of democracy. But given the obvious dependencies we all have on healthcare, is it really so wise to promote a system that exploits this dependency in the name of better health? The Bush Administration made a case that it was necessary to forgo certain civil liberties (outlined in the Patriot Act) in order to remain safe from terrorists. These types of hollow promises in the name of security and well being run contrary to the American foundation of liberty. They exploit the fears and needs of Americans to promote policies that benefit others. The healthcare bill has is no exception to this rule.

I would completely agree that nobody in the United States, citizen or otherwise, should have to suffer unduly at the hand of a medical catastrophe. The country is far too wealthy and technologically advanced to accept such a subpar standard of human accountability and compassion. But at the same time, neither should any person be legally mandated, especially at the federal level, to provide private industry of any kind with his or her business. While about half of the country might still be convincing themselves that their party would never have led them astray, the reality is that in due time, the healthcare bill will prove to be far worse than having done nothing at all. We cannot have a system built upon financial risk mitigation whereby nobody loses and meanwhile expect it to become more affordable; it is a mathematical impossibility.

The basic misconception lies with people believing that smaller incremental costs are somehow better or cheaper than one lump sum. This might be true if we spread those costs out ourselves, but in reality, we just wind up paying substantially more for goods and services that we never needed in the first place. This is very similar to the idea behind gift cards that we explored earlier in the book. The more you abstract the cost of something, the less likely people are to consider the price, and the more wasteful they ultimately become. But that does not change the original cost of the good or service from existing. Rest assured, we do pay for those costs, as well as all of the administrative costs that go into managing them. They are merely abstracted into smaller monthly or quarterly payments.

## Practical Healthcare Proposals

After decades of poorly crafted medical policies, and between all of the civil discontent that has resulted from the passing of the healthcare bill, it seems reasonable to doubt whether the United States is capable of having a balanced, equitable, and practical healthcare system that all can agree upon. Achieving this type of balance presents a difficult puzzle for lawmakers. At the heart of the best working systems are simplicity, practicality, and accountability, none of which lawmakers appear to have any interest in discussing, much less attempting to legislate.

Before any other changes are adopted, I would encourage all Americans to urge members of Congress to repeal the Patient Protection and Affordable Care Act of 2010. It is important to note, however, that this should not me done to upset the left or appease the right. It should be done because it was poorly crafted legislation.

Constitutionally speaking, if Congress intends to create and enforce any type of federal healthcare mandate, an amendment should be properly made to the Constitution, ratified by the states, and executed, just as the process has required for over two hundred years. Neither the Democrats nor the Republicans have any constitutional authority simply to dictate such wide-stretching federal legislation. Even beyond the Constitution, it should be common sense that the legal empowerment of multinational corporations with a guaranteed

marketplace will, among many other things, only help to ensure the expansion of lobbyists and special interest groups. This is sure to result in nothing but higher healthcare costs, poorer service, and an even less manageable bureaucracy. How can Americans possibly expect any level of impartiality between the various branches of healthcare while they are legally joined as one?

But it is not enough just to repeal the law. In parallel to the time it would take Congress to remove the legislation, there are several very simple and practical improvements that could be debated and readied for implementation across the country. Individuals have an incredible ability to control the direction of healthcare through the power of our capitalist market. While politicians might continue to remind us of how they know best in the matter, immediate and positive change requires nothing more than for us to be responsible and accountable, and to hold others to these same standards. But everybody must do his or her part.

First, and above anything else, it is important for our society to start an open dialogue on the differences between healthcare and health insurance. One of the dangers that this lack of understanding has wrought on society is that it removes the base principles of calculated risk from public discussion and debate. Politicians, both Democrats and Republicans, have long since capitalized on this and as of 2009, made the modern healthcare debate almost exclusively about insurance. Instead of discussing some base expectation or level of healthcare, as would perhaps be a progressive step for our society, they have instead debated whether or not people should be legally required to hold private health insurance. This has been paired with the notion that health insurance should be responsible for every single treatment we ever receive, regardless of how routine it may be. This whole idea is absurd in almost every respect and provides insurance companies with enormous powers and profits.

I would suggest to all Americans, particularly those who are self-insured, that they closely examine the true costs of their insurance package. Consider the monthly cost, the deductible, any copayments, and any percentage of care they are still responsible for beyond the insurance coverage (this can often be 20% or more). Compare that to

what yearly medical costs have traditionally been, and many people may be surprised to learn how much they are actually spending just to visit the doctor a few times a year. As an alternative to a comprehensive health insurance plan, consider combining a catastrophic plan with a health savings account (typically called an HSA). Catastrophic medical insurance plans often come with relatively high deductibles that are neither appropriate nor practical for routine healthcare. They do, however, more appropriately embrace the fundamental idea of how insurance is mathematically calculated and is designed to function. Catastrophic plans are specifically intended to treat medical emergencies and more severe healthcare needs as they arise. Health savings accounts work very similarly to retirement accounts (such as IRAs and 401Ks), are available to anybody, and allow individuals to make yearly tax-deductible contributions of up to $3,050 (as of 2010). That is about the same amount of money one might expect to spend annually on a premium health insurance policy. Moreover, the money within the HSA can even be invested just like most retirement accounts allow for. But one of the key benefits to an HSA is that it provides the individual with the ability to manage and offset his or her own financial risk. In other words, if the individual happens to not require medical care over a given period of time, the money they would have otherwise spent on insurance is theirs to keep. This can significantly cut back on needless monthly expenditures and help individuals to save money. When the individual needs to pay for a medical expense, the money comes directly out of the HSA provided that the medical expense qualifies (as most do). Ironically, under the new healthcare law over-the-counter medications no longer qualify for this program without a doctor's prescription. Why would the bill remove medical tax exemptions if its very purpose is to make healthcare more affordable?

Of course on the opposite end of the health insurance spectrum, many people enjoy absolutely wonderful benefits at a very low monthly rate through a company program. Although I am certainly in favor of individuals receiving these types of benefits, it is important to understand that this does not change the underlying cost of the insurance package. In these cases, the costs are simply defrayed by the company as part of an employee perk. If you are one of the millions that enjoy these top-shelf plans at a low monthly rate, take a moment to ask your human resources director what your monthly rate actually

costs the company. Most people will be shocked to learn how much money is spent on them annually, regardless of whether or not they even use the coverage. These benefits might seem free to us, but the company is passing along the costs to their employees one way or another, be it through lower salaries, fewer stock options, or various other cost-cutting measures. This is also one of the reasons that companies are becoming increasingly inclined to hire contract workers instead of permanent employees; the costs associated with acquiring new employees is simply getting too expensive.

Although individuals can take it upon themselves to more responsibly manage their own healthcare coverage, government does need to play a role in helping to ensure sufficient facilities exist. A practical Congressional measure would be for the federal government to provide incentives (as opposed to mandates) for cities and states to ensure the 24-hour operation of minor care centers. These centers could operate as stand-alone facilities, or to be directly connected with local hospitals. Much like my personal experience with the motorcycle accident, the twenty-fold cost differential was a result of the hospital preparing to admit me into a full trauma room. Whether one has been seriously injured, or merely nicked their finger with a kitchen knife, many hospitals will admit the patient to a facility capable of providing the same high level of care. Of course, hospitals also come a premium rate. Any trained medical professional should be able to judge, within reason, what type of medical care a patient is in need of. Opponents of that idea will argue that the decision can be ethically wrong and could potentially jeopardize the care of a patient. But this counter-argument is essentially the same thing as suggesting everybody should be entitled to the best medical care possible, all of the time, regardless of the circumstance; it ignores certain boundaries and practicalities that the real world is forced to operate within. Moreover, in all medical cases, doctors are constantly required to take calculated risks for the well being of their patients. They use the information that they have gathered to make the most effective medical judgments possible. Why should this be any different with respect to the type of facility a patient is admitted to?

It is also worth considering how in the absence of this system, insurance companies can more easily assert their grip on medical costs.

In reality, when the need for medical care arises, people rarely have the convenience of "shopping around" for a better deal; they are likely in need of immediate care. Provided the patient is insured, neither the hospital nor the insurance company has much incentive to try and keep costs low.

Another necessary component for establishing sensible healthcare policies is to remove the financial abstractions from within the medical marketplace. It is important to understand that those needing medical attention are customers, however unfortunate their circumstances may be. As customers, they will undoubtedly receive a bill for any treatments they receive. I would strongly advocate the government mandating that doctors and hospitals be required to provide all costs up front. Although I generally reject mandates on principle, this type of mandate in no way affects the private dealings of the market; it simply provides the consumer with information that they are already legally entitled to be provided.

I have heard it argued primarily by those in the medical field that it is simply too difficult to know what medical attention will cost before seeing a doctor, and therefore unreasonable to predict estimated costs up front. This is the primary reason why medical costs are typically not disclosed before service. However, this whole idea is baseless and falls somewhere between arrogance and conspiracy.

There are few service-based industries in the entire world whereby the service provider knows exactly what up front costs will be involved. And yet, in every one of these industries, the business is still expected to provide a cost estimate. For example, if you consider something as commonplace as having a vehicle diagnosed by a mechanic, how could they possibly be expected to know how long it will take, or exactly what types of tests they would to run? There are simply too many unknowns. This is easily solved by basic communication. There are certain costs that are provided to the customer up-front, and the rest are approved as progress is made. This is not a difficult system to understand, and yet we are made to believe that it is somehow an incalculable operation on the part of most medical facilities. Interestingly, dentists and veterinarians are able to provide accurate estimates before treatment.

Aside from it being too difficult, another counter-argument that will arise is that the medical industry has a unique moral responsibility to their patient. The claim is that, after all, how can anybody put a price on the wellness of a human being? That sounds nice, but it also tends to blind people from the reality that the medical industry is a business and will put a price on that aforementioned wellness, even when the industry attempts to form an argument to the contrary. It is therefore only reasonable that they be held to the same consumer business standards that any other industry would be held to.

This alleged moral responsibility would be a much more reasonable claim if we adopted a healthcare system whereby all costs were fully covered or reimbursed. In that case it might not make sense to ever disclose costs to the patient. But that is only because they would truly be a patient, and not a paying customer. Of course that model does not exist within the country, nor is it practical for the obvious associated costs. Consequently, so long as the United States healthcare system continues to operate as a private industry (which I anticipate being the case), then like all other private industry, it should not be exempt from having to provide the customer with the associated costs before they are incurred. In the absence of this, there is simply no mechanism in place for even the most basic of checks and balances to exist. Medical practitioners, hospitals, and insurance companies are free to manipulate the bill without ever even involving the customer. Incidentally however, the customer is still the one responsible for this bill.

Still, doctors and other medical professionals do have one very valid reason for arguing why they must provide the most comprehensive medical care to all patients, regardless of any costs, and that is due to medical malpractice. Medical malpractice lawsuits have steadily escalated for years throughout most of the most of the United States and as of 2009 were responsible for over $30 billion in litigation alone. As a direct consequence, doctors spend tens of thousands and sometimes even hundreds of thousands of dollars annually on insurance policies protecting them against malpractice lawsuits. Naturally these costs are indirectly passed onto the patients through more expensive billing and other service cost increases. But the

problem is not as simple as just paying for the doctor's insurance premiums. Because doctors want to avoid being sued in the first place, and certainly want to have a defense for when they are, it winds up being in their personal interest to run every medical test conceivably possible. This often results in patients receiving expensive and unnecessary tests from state of the art medical equipment. While some more advanced screenings can undoubtedly detect malignancies that doctors perhaps would not be able to on their own, the increased chance of detection is generally insignificant when contrasted with the significantly higher costs that will be billed to insurance. In other words, a ninety-five percent accurate diagnosis at the cost of one dollar is more useful than a ninety-eight percent accurate diagnosis at the cost of one hundred dollars.

Those interested in reducing the quantity and variety of claims arising from medical malpractice are generally said to be seeking tort reform. Although the term has been received more attention in Congress over recent years, it is not always made entirely clear what tort law is and why the reforming of it could be beneficial. Tort law is simply the branch of law within the United States (and other common law countries) that involves a breach of a civil duty owed to someone else. Plaintiffs of such suits are generally seeking some type of monetary damages from the defendant or defendants. Each of the sub-branches within the scope of tort law has their own criteria that generally must be shown in order to prove a breach. When people are said to call for tort reform within the medical industry, they are usually implying that the criteria needed to show medical negligence should be modified so that frivolous claims are less likely to occur.

In 2003, the State of Texas created legislation to reform medical liability laws in an attempt to address the growing problem. That same year, medical license applications across the state rose from 2,561 to 4,041, an increase of almost 58%. This statistic is relevant in illustrating at least one of the direct benefits to having some type of tort reform. Unless we assume doctors began migrating to Texas just for the opportunity to practice medicine more carelessly, the unprecedented yearly increase shows how negatively our current legal system affects doctors. The State of California actually began addressing the problem as early as 1975 by passing the Medical

Information Compensation Reform Act, otherwise known as MICRA. The state's legislation, which is very similar to what Texas adopted in 2003, placed a number of fiscal caps on damages from medical malpractice suits.

Opponents of tort reform argue that increasing the burden of proof for medical negligence, or capping compensatory damages may not hold as many medical practitioners properly accountable for negligent acts. Statistically speaking, this is very likely true. Assuming that it were more difficult seek damages, or less lucrative for lawyers to pursue them, common sense would suggest that there would be less claims filed, and consequently more legitimate claims not investigated. But this is the type of balancing act that we need to consider very seriously. Nobody wants to see truly negligent claims wind up unresolved, nor should doctors be protected from the consequences of such incidents. But by not amending the very broad definition of negligence that medical practitioners can be sued for, we are only further jeopardizing our own healthcare system. So long as we continue forcing doctors to hold expensive insurance packages as protection from all too common frivolous suits, we can expect patients to continue paying for this through higher costs. Medicine is a science, and like all other sciences is not perfect in its application. It would benefit us as a society to comprehend this and to frown upon those who would seek to exploit minor mishaps for their own financial gain. Although it would take the leadership of Congress to actually begin drawing these lines, doing so would be to benefit of all society.

Finally, the United States needs more doctors. One of the simplest ways to address this problem would be for the government to create an incentive for students to seek a medical degree. A program like this would give students a full-ride through medical school. In exchange, they would be required to dedicate at least seven years of professional work to an accredited hospital as a general practitioner. Once this time period had expired, they would be free to practice medicine however they saw fit. This kind of reciprocal arrangement could be structured in any number of ways. For example, medical facilities could be granted full or even double tax deductions for privately establishing and managing the programs. Alternatively, debt-forgiveness programs could also be put into place. Once doctors completed their state

obligation, their education debt would be forgiven in full. This latter type of program could be further administered through bonds, thus ensuring it remained solvent. However the funds were distributed, saturating the market with new waves of doctors would only help to reduce the increasing cost burden of healthcare. It would also have the ancillary benefit of not burdening students with an otherwise unmanageable level of debt.

In the years since I was involved in the motorcycle accident, I have had the pleasure of sharing my experience with hundreds of individuals from varying political and economic backgrounds. As a result, I have heard a wide range of responses to the situation I was in. Some have told me that my decision to leave the hospital was foolish, that I am not a doctor and should not have presumed to know the extent of my injuries. Others have told me that this was a sound decision and that if I was coherent enough to be mindful of the ensuing costs, then I was fully capable of determining where and how I should receive medical attention. But across the spectrum of responses, I have been consistently pleased to hear people express disgust for the situation and commend my effort of sticking to a principle amidst legitimate personal turmoil. I suspect that encouraging people to potentially jeopardize their own well being in order to make their point heard is generally frowned upon. But how else is a free society able to change its ways if it is unwilling to take action during difficult times? Anybody can succeed in favorable times. It is how we handle bouts of adversity that define us.

There are likely hundreds of simple and practical ideas just like those in this section that could be implemented in relatively short periods of time to help strengthen and improve the healthcare of the United States. But one thing is for certain, so long as the health insurance companies, pharmaceutical companies, and politicians remain in cahoots, the price of healthcare will unquestionably continue to rise. Americans should not expect this type of behavior is going to be changed just on good fortune and happenstance, nor is the drive to increase profit margins likely to disappear.

The United States was founded on the idea that people should not have to sit idly by and merely hope for the best. They reserve the right

at all times to stand up and demand change. And when that fails, it is the responsibility of every American to take action and to stand up for the collective good of the entire nation. The rich must enable the poor, the educated must defend the illiterate, and those who can lead must speak out for those who cannot. If the American people would be willing to stand up for what is right and refuse to participate in systems that so clearly favor corporate and political interests, that collective will would be virtually unstoppable. This is how the healthcare system of the United States will return to greatness, not by playing the victims of special interests and expecting politicians will dictate what is right.

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