

Social Security-National Health Care-Public Education

3.b. National Health Care (Medicare for All)

National Health Care is simply an extension of Medicare, the government's most popular program of all time.¹ However, there are several problems associated with Medicare, and they are:

1. Only those ages 65 and over are eligible for Medicare coverage.
2. There are items and services that Medicare does not cover. These include:
 - Long Term Care (also called custodial care).
 - Most dental care.
 - Dentures.
 - Eye examinations related to prescribing glasses.
 - Acupuncture.
 - Hearing aids and exams for fitting them.
 - Routine foot care.
3. It is not sufficiently funded.
4. Many doctors do not take Medicare insurance due to excessive paperwork and poor compensation.
5. Medicare is currently prohibited by law from using its bulk purchasing power to negotiate for the lowest prices on prescription medications.
6. It limits alternative medical options for its patients.

These shortcomings can be resolved by reforming and expanding Medicare into National Health Care, the only logical alternative to our present-day health care delivery system.

History

For over 50 years, most Americans have relied on for-profit health insurance companies for their health care needs. We have had the time, experience, and data to answer the three key questions and they are: Has for-profit health insurance worked for a majority of Americans in the past? Is it working in the present? Is it likely to work in the immediate future?

The answer to all three questions is no, and the reason for this is very simple. The business model under which health insurance companies operate is incompatible with delivering high quality care at affordable prices. As for-profit corporations, they are required to always maximize profits. To accomplish this goal, health insurance companies take in as much money as possible in the form of premiums, and pay out as little money as possible in the form of claims. This automatically puts them in conflict with the purpose of health care, which is to provide the best medical care for the patient.

To make as much profit as possible, health insurance companies engage in many horrific business practices. These include:

- Increasing premiums while decreasing coverage.
- Increasing deductibles to avoid paying claims.
- Increasing out-of-pocket expenses to avoid paying claims.
- Denying claims and services their subscribers are rightfully entitled to.
- Conveying to their subscribers a false sense of security. Health insurance companies are notorious for promoting the impression that their subscribers are covered for many conditions and services when in fact they are not. Many

¹ <http://www.harrisinteractive.com/NewsRoom/HarrisPolls/tabid/447/ctl/ReadCustom%20Default/mid/1508/ArticleId/257/Default.aspx>

subscribers find out too late that they are under-insured and therefore subject to financial ruin due to medical conditions or emergencies beyond their control. In fact, unmet medical obligations are a major component in over 29% of all bankruptcies.²

With passage of the Affordable Care Act (ACA), a few of their more egregious business practices were eliminated. These included the use of pre-existing conditions as the basis for the denial of insurance, capping lifetime benefits that could be paid out for medical conditions, and preventing children from staying on the family insurance plan after they reach 21 years of age. However, since the ACA did not address the issues of premiums, deductibles, and co-payments, health insurance companies have raised them without restraint. And, since it did not sufficiently address the issue of doctor or hospital charges, outrageous medical bills continue to plague our citizens.

Since the ACA only covered those under age 65 who earn at or below 138% of the Federal Poverty Level (FPL), approximately 27 million people in our country still have no health insurance.³ This forces the uninsured to forgo regular medical services and instead seek emergency care when their conditions deteriorate. The cost for these emergency services is then passed on to the insured in the form of higher premiums, and to the public in the form of higher taxes. Additionally, this lack of health insurance results in the deaths of at least 26,000 people per year.⁴

It is important to point out that there are millions of Americans that do not qualify for federal assistance. These people may or may not have acquired health insurance, but for those who do, many are fearful of using it. For example, in Los Angeles, CA, a healthy single 55-year-old man with a 23-year-old son maintains an Anthem Bronze Pathway EPO. He pays a monthly premium of \$501 which comes with a \$6,250 annual deductible.

When he or his son get sick, they must decide up front if the medical condition is of sufficient importance to go to the doctor. This hesitation is due to the fact that until the deductible is met in full, they are the ones paying the doctors in-network negotiated price along with the monthly premium and co-payment. Even worse, if they go to a practitioner that is out-of-network there is a separate deductible (usually much higher than the in-network deductible), and until this second deductible is met, they have to pay this practitioner's full price, along with the monthly premium and co-payment.

Of course, their decision to seek medical help sometimes requires medical knowledge they do not have, and the decision not to go to the doctor might lead to a more serious condition that could have been prevented had they gone to the doctor in the first place. This type of built-in disincentive is great for the insurance companies who want to collect premiums without paying claims, but is not good for their subscribers. (For a more in-depth discussion on the fear and consequences of going to the doctor refer to the following articles.^{5 6 7})

Lack of competition

As if this was not enough, the ACA did not address the anti-trust status enjoyed by the health insurance industry. As a result, 72% of total metropolitan areas lack significant health insurer

² <http://www.politifact.com/truth-o-meter/statements/2009/jun/11/chris-dodd/medical-bankruptcy-study-not-clear-cut/>

³ <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2323087/>

⁵ <http://www.prnewswire.com/news-releases/survey-reveals-one-in-five-insured-americans-avoid-seeing-a-doctor-due-to-fear-of-cost-300024107.html>

⁶ <http://www.npr.org/sections/health-shots/2016/03/08/468892489/medical-bills-still-take-a-big-toll-even-with-insurance>

⁷ <https://www.disabled-world.com/disability/statistics/seeing.php>

competition, 17 states have a single insurer with more than a 50% market share, and 45 states have only two dominant health insurers. This leads directly to local market monopolies.⁸

US Healthcare Compared to Other Industrialized Countries

Because of the problems associated with our for-profit health care system, we find ourselves ranked worst when compared to other industrialized nations who provide health care for their citizens. The U.K. was ranked best with Switzerland following a close second.⁹ Additionally, the U.S. spends more per person on health care than comparable countries. In 2016, health care spending per person in the U.S. was \$10,348 – 31% higher than Switzerland, the next highest per capita spender. Other wealthy countries spend about half as much per person on health care as we do,¹⁰ and yet:

- We have the lowest life expectancy.
- We have the highest suicide rates.
- We have the highest burden from chronic disease.
- Our obesity rate is two times higher than the OECD average.
- We have fewer physician visits which may be related to a low supply of physicians.
- We have among the highest number of hospitalizations from preventable causes.
- We have the highest rate of avoidable deaths.¹¹

Furthermore, merely having a for-profit health care system adds a minimum of 20% in administrative costs that are then passed on to subscribers and taxpayers.¹² Contrast this with not-for-profit Medicare whose administrative costs are less than 2%.¹³

Short summary

After reviewing the above facts, it becomes clear that our current for-profit health care system has failed. This failure justifies the demand for an alternative health care delivery system, and so far, the only logical solution that has ever been proposed is to expand the single-payer program known as Medicare into National Health Care. The two key questions are: “What will National Health Care cover?” and “How do we pay for it?”

What will National Health Care cover?

National Health Care is simply an expanded version of Medicare, the single-payer system that takes care of our senior citizens. It will allow everyone to see the doctor without regard to age, pre-existing conditions, premiums, co-payments, or deductibles. No one can be denied services simply for contracting an expensive disease or needing an expensive procedure, and no one can be denied medical services if they are indigent, between jobs, change jobs, or have retired. Simply put, National Health Care will provide everyone with all medically necessary services including long-term care, mental health care, dental, eye, and hearing care, and alternative medicine. And, unlike private, for-profit insurance, cannot be taken away by your employer or your health insurance company.

Alternative medicine

Creating the legal framework for doctors and other health care practitioners to prescribe alternative medical options is one of the most significant reforms of this plan, and can be found in Section 3.b.ii.4, which states:

⁸ <http://marketrealist.com/2015/02/health-insurance-monopolies-need-know/>

⁹ <http://time.com/2888403/u-s-health-care-ranked-worst-in-the-developed-world/>

¹⁰ <https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries/#item-average-wealthy-countries-spend-half-much-per-person-health-u-s-spends>

¹¹ <https://www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-global-perspective-2019>

¹² http://economix.blogs.nytimes.com/2008/11/21/why-does-us-health-care-cost-so-much-part-ii-indefensible-administrative-costs/?_php=true&_type=blogs&_r=

"A practitioner of traditional or alternative medicine, registered by an appropriate government authority, who engages in medical or nutritional therapy or in any relevant health procedure, including the recommendation or sale of health supplements, that departs from orthodox or conventional medical treatment, shall not be found to be unqualified, unprofessional, negligent nor guilty of assault upon a patient, nor be denied the right to pursue her or his professional practice or livelihood, solely on the basis that the therapy employed is an alternative remedy, or is non-traditional or departs prevailing orthodox medical treatment, unless it can be conclusively demonstrated that the therapy has a safety risk for a particular patient unreasonably greater than the traditional or prevailing treatment usually employed for the patient's ailment."¹⁴

Alternative medical options will allow patients the choices they wanted but were denied under Medicare, and allow health care practitioners the right to prescribe the procedures and supplements they feel are in the best interests of their patients. It will also help drive down the costs of healthcare.

Financing National Health Care

National Health Care will be financed by incorporating Medicare's increased funding with the revenue raised from the new payroll tax for National Health Care. The combination of Medicare and National Health Care payroll taxes will raise \$1.257 trillion per year as detailed below:¹⁵

| National Health Care Payroll Tax | Sub-totals | Total Revenue Generated |
|---|-------------------|--------------------------------|
| Individual contributions (4.5%) | 555 (\$bn) | |
| Business contributions (3.0%) | 172 | |
| Sub total | 727 (\$bn) | \$727 (\$bn) |
| Medicare Payroll Tax | | |
| Individual contributions (3.0%) | 370 | |
| Business contributions (2.8%) | 160 | |
| Sub total | \$530 (\$bn) | \$530 (\$bn) |
| Total annual revenue | | \$1.257 trillion |

As you read on, you will see that the reforms set forth in this proposal will reduce health care costs by 50%. These savings are detailed below:

| Reform | Savings |
|--|----------------|
| Single-payer system ¹⁶ | 20% |
| Unnecessary tests and procedures ¹⁷ | 20% |
| Preventive Care, Diet, Lifestyle | 5% |
| Lower costs of Prescription Drugs | 5% |
| Total Savings | 50% |

¹⁴ Howard W. Pollock, first Republican U.S. Congressman from Alaska.

¹⁵ See Appendix F

¹⁶ http://economix.blogs.nytimes.com/2008/11/21/why-does-us-health-care-cost-so-much-part-ii-indefensible-administrative-costs/?_php=true&_type=blogs&_r=0

¹⁷ <http://hip.stanford.edu/documents/Seven-Ways-Reduce-Unnecessary.pdf>
<https://www.medscape.com/viewarticle/879281>

In 2012, US health care expenditures totaled \$2.8 trillion.¹⁸ Since this plan will reduce health care costs by 50%, only \$1.4 trillion will be needed to fully fund National Health Care. However, because this plan raises only \$1.257 trillion from payroll taxes, health care funding will be short by \$0.14 trillion (\$140 billion). The structured implementation of National Health Care solves this problem.

Implementation of National Health Care

This proposal allows 10 years for the implementation of National Health Care. The first five years are dedicated to updating the technical and administrative functions necessary to transition from for-profit health insurance to Medicare for All, and this includes the production of a nationwide data base to prevent duplication of services. Then, the enrollment of our population will begin as per the schedule below:

| Ages | Year |
|-------------|-------------|
| Birth-19 | 6 |
| 55-65 | 7 |
| 55-65 | 8 |
| 40-54 | 9 |
| 20-39 | 10 |

This first five-year period will also allow the \$1.257 trillion raised annually for National Health Care to cover the federal governments annual Medicare and Medicaid obligations: \$580 billion for Medicare and \$416.8 billion for Medicaid.¹⁹ This totals \$996.8 billion, and subtracting \$996.8 billion from the \$1.257 trillion raised leaves a surplus of \$260 billion which will then be left to grow in the National Health Care Trust Fund.

After this first five-year transition period has ended, the National Health Care Trust Fund surplus will have grown to \$1.3 trillion. In the sixth year, when the \$1.257 trillion raised annually is added in, the fund will rise to \$2.557 trillion. This revenue will then be used to cover our continuing commitments to Medicare and Medicaid, along with the first group's entry into Medicare for All, children from birth through age 19.

In the seventh year, the first half of the 55-65-year-olds will join the program. And, over the following three years the remainder of our population will be added. Please note that expenditures for diet related diseases will have declined because the cause of diet related diseases has been addressed via changes to the diet and nutritional supplementation,²⁰ and this reform was implemented immediately upon passage of this proposal.

Also, during the first five-year transition period negotiations to lower the cost of prescription medications will have been successfully completed, and the reduction in unnecessary tests and procedures will have been implemented. These reforms, along with the 20% administrative savings realized simply by transitioning to a single-payer system,²¹ will eventually cut our health care costs by a minimum of 50%.

Update: The implementation schedule cited above was constructed to show how National Health Care could be introduced over a 10-year period without creating any debt. However, if demand for the immediate enactment of National Health Care is strong enough, i.e. considered a national

¹⁸<https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/downloads/proj2012.pdf> See Table 1, page 5

¹⁹<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/downloads/proj2012.pdf>

²⁰ See Section 3.b., National Health Care - Reducing health care costs by changing the diet, and Section 3.c., Public Education – Student Lunch Program.

²¹ <http://marketrealist.com/2015/02/health-insurance-monopolies-need-know/>

priority, Congress could immediately begin the enrollment process and cover the expense from the general fund.

This funding can be justified by noting that in 2008, Congress bailed out the banks by creating the money necessary to meet the subprime mortgage crisis: “The Special Inspector General for TARP summary of the bailout says that the total commitment of government is \$16.8 trillion dollars with \$4.6 trillion already paid out.”²²

In 2017, Congress passed the Tax Cuts and Job Act of 2017 even though it added \$1.9 trillion to the national debt,²³ and Congress just authorized over \$2.6 trillion for Covid-19 relief.²⁴ Furthermore, every year congress allocates hundreds of billions of dollars for defense spending and no one ever questions where this revenue is going to come from. This shows that where there is the political will to get something done it can happen.

Acceptance of this plan

The new payroll tax for National Health Care will be accepted by a majority of the public because this tax, combined with their Medicare obligation, is lower than, and replaces, the much more expensive health insurance premiums currently in play. And, unlike existing health insurance plans, has no co-pays, deductibles or other out-of-pocket expenses. Since most Americans earn less than \$100,000/year, most Americans will end up paying half of their 15% payroll taxes (4.5% for National Health Care, and 3% for Medicare) to help fund Medicare for All.

Examples of National Health Care’s “Monthly Premium”

| Annual Gross Income | Medicare (3%) | National Health Care (4.5%) | Annual Cost | “Monthly Premium” |
|---------------------|---------------|-----------------------------|-------------|-------------------|
| \$40,000 | \$1,200 | \$1,800 | \$3,000 | \$250 |
| 50,000 | 1,500 | 2,250 | 3,750 | 312 |
| 75,000 | 2,250 | 3,375 | 5,625 | 468 |
| 100,000 | 3,000 | 4,500 | 7,500 | 625 |

When the public realizes that their expanded payroll taxes have been more than offset by the elimination of personal income taxes, that they are now receiving full family coverage through National Health Care, that Social Security benefits have increased, and college and vocational school are now free, most people will simply wonder why this plan had not been adopted earlier.

Reducing costs by paying less for prescription medications

For National Health Care to become affordable, significant cost savings must take place, and the first order of business is to undo the work of former Representative William J. “Billy” Tauzin (R-LA). He led the republican effort that prohibited Medicare from using its bulk purchasing power to negotiate for the lowest prices on prescription medications.²⁵ ²⁶ And, as part of their crony capitalism scheme, refused to put in any form of price controls on the medications the pharmaceutical industry sells to Medicare.

As a result of this illogical and corrupt policy, the cost of medications seniors rely on keeps rising and creates medical situations where horrific choices must be made. “We see patients who can’t take

²² <https://www.forbes.com/sites/mikecollins/2015/07/14/the-big-bank-bailout/#1f22a8c62d83>

²³ <https://www.cbo.gov/publication/53787>

²⁴ <https://www.usaspending.gov/disaster/covid-19>

²⁵ <http://medicalsupplychain.com/pdf/Medicare%20Part%20D%20Reform%20&%20Corruption%20Issues.pdf>
<http://billmoyers.com/story/the-man-who-made-you-pay-more-at-the-drugstore/>

²⁶ For his efforts, Mr. Tauzin was rewarded with a two million dollar per year job as president of the Pharmaceutical Research and Manufacturers of America <https://www.nytimes.com/2010/02/13/health/policy/13pharm.html>

the full dose. They cut their pills in half. They skip doses. People with diabetes who don't take the required amount of insulin to manage their Type 1 diabetes let their blood sugars spike dangerously before they take an injection, because they can't afford it. People with rheumatoid arthritis who have terrible pain because they can't take the full dose required to manage that disease. People are angry, and they're hurting, and they don't understand how this could be happening to them in the United States of America.”²⁷

This does not happen in countries that have government run health care because these countries negotiate directly with pharmaceutical companies for bulk purchase discounts. Thus, the same prescription drugs — manufactured in the same factories, by the same companies — are available to their citizens for a fraction of the price charged to the American consumer.

For example, in 2014, where we spent on average \$1,112 per person on prescription drugs, Canadians spent only \$772.²⁸ And, because the drug companies in the United States are allowed to gauge our senior citizens without restraint, the purchase of a 10 ml bottle of insulin for type 1 diabetes that costs \$450 in the United States costs only \$21 for a comparable bottle in Canada.²⁹

The prohibition against negotiating bulk purchase discounts combined with escalating out-of-control price increases has cost the American taxpayer between \$200 billion³⁰ and \$534 billion.³¹ Section 3.b.v.5.a. rectifies this problem by creating a special committee charged with negotiating for the lowest prices on all prescription medications.³² And, it should be pointed out that the reward former Congressman Tauzin (R-LA) received for doing the bidding of the pharmaceutical industry was to become their chief lobbyist at a salary of \$2 million/year.

Incidentally, because The Department of Veterans Affairs is not prohibited from using its bulk purchasing power to negotiate with the pharmaceutical industry, it acquires the same prescription medications Medicare uses but at 40% less than Medicare pays for them.³⁴

Administrative savings

More significant savings will occur simply by transitioning to National Health Care. Since National Health Care is a single-payer system, our government will replace the middleman role played by for-profit health insurance companies. The government will become the sole administrator collecting premiums in the form of payroll taxes, and issuing payments to the medical profession for the products and services they provide.

Removing the intermediary role played by health insurance companies eliminates many of the costs associated with operating a for-profit business. These include marketing, promotions, advertisements, commissioned sales people, and redundant office buildings and bureaucracies. The single-payer system also eliminates the need to make giant profits that go back to shareholders in the form of dividends, and to the top executives in the form of salaries and bonuses.

It is important to note that health care industry spending on marketing increased sharply over the past two decades, rising from \$17.7 billion in 1997 to \$29.9 billion in 2016.³⁵ And, pertaining to executive compensation, “Nearly all of the largest publicly traded health insurance companies gave their CEOs a pay raise in 2018. That includes United Health Group, whose CEO David Wichmann's

²⁷ Ibid

²⁸ <https://www.drugwatch.com/featured/us-drug-prices-higher-vs-world/>

²⁹ <https://www.drugwatch.com/featured/us-drug-prices-higher-vs-world/>

³⁰ <http://www.medicareadvocacy.org/2011/06/09/so-what-would-you-do-real-solutions-for-medicare-solvency-and-reducing-the-deficit>

³¹ www.medicalsupplychain.com/pdf/Medicare%20Part%20D%20Reform%20&%20Corruption%20Issues.pdf

³² www.medicalsupplychain.com/pdf/Medicare%20Part%20D%20Reform%20&%20Corruption%20Issues.pdf

³³ <https://billmoyers.com/story/the-man-who-made-you-pay-more-at-the-drugstore/>

³⁴ <http://theincidentaleconomist.com/wordpress/what-if-medicares-drug-benefit-was-more-like-the-vas/>

³⁵ <https://jamanetwork.com/journals/jama/fullarticle/2720029>

total compensation reached \$18.1 million.³⁶ Meanwhile, those same companies recorded a combined \$21.9 billion in profits in 2018 on revenue of \$718 billion.”³⁷

Other examples include CVS Health which bought Aetna late last year, and paid CEO Larry Merlo \$21.9 million, an increase of 79% over the year before,³⁸ and “Medicaid managed-care insurer WellCare Health Plans paid CEO Kenneth Burdick \$12.7 million in 2018, which is the least of all the insurance company CEOs. Nevertheless, his total compensation increased 11.9% over 2017. His realized pay soared 130.4% to about \$21 million. Burdick made about 156 times the median employee salary at WellCare.”³⁹

These enormous profits, excessive salaries, and bonuses can only be realized by adhering to the underlying principle under which for-profit health insurance companies operate: “Bring in as much money as possible in the form of premiums, and pay out as little money as possible in the form of claims.” Of course, it is their subscribers, i.e. the patient, that must be short-changed and suffer in order for this kind of money to be made. Therefore, it is imperative that the for-profit motive that health insurance companies operate under be removed so that the pain, suffering, and excessive costs our citizens are subjected to can be eliminated. Transitioning to the single-payer program known as Medicare for All solves this problem.

Exorbitant hospital charges

Health insurance companies are not the only ones responsible for driving up health care costs. The hospital industry also contributes to this crisis. Since their fiduciary obligation requires them to make as much profit as possible, they run up patient bills to satisfy this requirement. Anyone who looks at a hospital bill is familiar with the over-inflated charges for the medicine patients receive, the services provided in the hospital, for time spent in the hospital, and for the administrative charges tacked on apparently just for processing the bill. And, they are constantly inventing new ways to game the system.

For example, investors, hospitals, and corporations that own hospitals purchase individual practices, clinics, and other medical facilities and redefine them as extensions of the primary hospital. When a patient enters one of these newly acquired facilities (which they thought was their old doctors’ office), they have no way of knowing that they will now be billed as if they had entered a hospital. The unsuspecting patient now becomes the victim of the insanely high hospital and administrative charges they would have incurred had they gone to and/or been treated in an actual hospital, along with the regular doctor bill. This egregious behavior has been prohibited by Section 3.b.v.6.

Hospital consolidation: Driving up costs by limiting competition

Health care costs are also artificially increased due to consolidation within the hospital industry. In an article entitled, *High and Rising Health Care Costs. Part 1: Seeking an Explanation*, author Thomas Bodenheimer, MD writes:

“Market power is the ability of a seller to raise prices without losing customers (58). Hospitals have market power if they can raise rates without losing insurance contracts. As hospitals consolidated and competition waned, hospitals gained market power and prices of hospital care shot back up (59–61). In 1 study, the merger of 2 competing hospitals led to price increases of 20% to 40% (62)”⁴⁰

³⁶ <https://www.modernhealthcare.com/insurance/health-insurer-ceos-score-big-paychecks-despite-public-scrutiny>

³⁷ <https://www.modernhealthcare.com/insurance/health-insurer-ceos-score-big-paychecks-despite-public-scrutiny>

³⁸ <https://www.modernhealthcare.com/insurance/health-insurer-ceos-score-big-paychecks-despite-public-scrutiny>

³⁹ <https://www.modernhealthcare.com/insurance/health-insurer-ceos-score-big-paychecks-despite-public-scrutiny>

⁴⁰ <http://annals.org/article.aspx?articleid=718406>

Section 8.k.ii. solves this problem by constructing 37 new Public Medical Center Teaching Hospitals, and 202 new State or County owned General Acute Care hospitals. This will improve access to medical care throughout America, including rural and remote areas, and increase in-patient capacity by over 17,000 beds. This will automatically bring down the cost of health care.

Controlling costs by reforming fee-for-service billing and eliminating unnecessary tests and procedures.

“One of the key reasons for the high level of health care spending and its rate of growth is the predominance of the fee-for-service payment system, which rewards quantity over quality, especially for high-cost, high-margin services. Under this system, health care insurers, including Medicare and Medicaid, pay doctors, hospitals, and other health care providers separately for different items and services furnished to a patient. As of 2008, 78 percent of employer-sponsored health insurance was fee-for-service.

“Fee-for-service payments drive up health care costs and potentially lower the value of care for two main reasons. First, they encourage wasteful use, especially of high-cost items and services. Second, they do nothing to align financial incentives between different providers. As a result, patients receive care that they do not need and may not want, and health care providers may not be on the same page about what type of care the patient should receive. It is not just insurers who bear these unnecessary costs: These costs raise premiums, deductibles, and cost-sharing for all health care consumers.

“Moreover, the fee-for-service system does nothing to encourage low-cost, high-value services, such as preventive care or patient education—even if they could significantly improve patients’ health and lower health care costs throughout the system.”⁴¹

To help reign in the escalating, out of control costs associated with our current fee-for-service system, Section 3.b.xi.5 implements the recommendations of George D. Lundberg, M.D.,⁴² those championed by the Choosing Wisely campaign,⁴³ and those presented in the report by Maura Calsyn and Emily Oshima Lee - highlighting the reduction in costs associated with bundled payments, patient-centered medical homes, and accountable organizations.⁴⁴

As Dr. Lundberg stated, "Fee-for-service incentives are a key reason why at least 30% of the \$2.5 trillion expended annually for American health care is unnecessary. Eliminating that waste could save \$750 billion annually with no harm to patient outcomes."⁴⁵ Additionally, a nation-wide data base has been created to eliminate duplicate testing.

To ensure compliance with these new regulations, Section 3.b.v.5.e, assesses monetary penalties against those institutions and physicians who run up their fees by ordering unnecessary tests and procedures. These fines are not allowed to be discharged in bankruptcy filings, and in cases where excessive billing rises to the level of fraud, the perpetrators will be incarcerated.

Reducing health care costs by changing the diet

The most obvious and cost-effective way to lower healthcare costs is for the population at large to become healthier, and **changing the dietary habits** of our society is the best first-step we can take to accomplish this goal.

⁴¹<https://www.americanprogress.org/issues/healthcare/reports/2012/09/18/38320/alternatives-to-fee-for-service-payments-in-health-care/>

⁴² <http://hip.stanford.edu/documents/Seven-Ways-Reduce-Unnecessary.pdf>

<https://www.medscape.com/viewarticle/879281>

⁴³<http://www.health.harvard.edu/blog/doctor-groups-list-top-overused-misused-tests-treatments-and-procedures-201204054570>

⁴⁴ <https://cdn.americanprogress.org/wp-content/uploads/2012/09/FeeForService-1.pdf>

⁴⁵<http://hip.stanford.edu/documents/Seven-Ways-Reduce-Unnecessary.pdf>

<https://www.medscape.com/viewarticle/879281>

The majority of Americans eat too many highly processed meals that are not only deficient in nutrients, but also contain excess amounts of sugar, fat, salt, trans-fats, high-fructose corn syrup, artificial sweeteners, artificial preservatives, artificial dyes, growth hormones, antibiotics, GMO's, insecticides, pesticides, fungicides, and MSG. Since these ingredients are major contributors to the obesity, diabetes, heart disease, cancer, and other diseases we see in children and adults, we can state that most Americans eat foods that promote disease. We can also say that foods that promote disease costs us trillions of dollars in unnecessary healthcare expenditures for the treatment and care of diet related diseases.

For example, as noted in the following chart, the annual cost of four diseases associated with the consumption of disease promoting foods is a staggering \$1.143 trillion. And, this is why foods that contain ingredients that promote disease have been banned and prohibited from being served to those under the custody of National Health Care, and to students fed through the Student Lunch Program.

| Disease | Annual Cost |
|-----------------------------|---------------------|
| Obesity ⁴⁶ | 200 (\$bn) |
| Diabetes ⁴⁷ | 245 |
| Heart Disease ⁴⁸ | 555 |
| Cancer ⁴⁹ | 143 |
| Total | 1.143 (\$tr) |

Obesity - a food and lifestyle problem

The human species has evolved over millions of years, and in all that time obesity was never a problem. However, it became a nationwide problem beginning in the mid 1970's, and **because it began in the mid 1970's, we can state with certainty that this epidemic was not caused by a sudden breakdown in our basic biology. Our genes did not suddenly fail us, the origin of obesity is certainly not genetic.**

The real cause of obesity is obvious. In general, it comes from a sedentary lifestyle that includes consuming too many highly processed meals that are not only devoid of nutrients, but also contain toxic ingredients, and excessive amounts of sugar, fat, and salt.

In terms of children and adolescents ages 2-19 years¹:

- The prevalence of obesity is 18.5% and affects about 13.7 million children and adolescents.
- Obesity prevalence was 13.9% among 2- to 5-year-olds, 18.4% among 6- to 11-year-olds, and 20.6% among 12- to 19-year-olds. Childhood obesity is also more common among certain populations.
- Hispanics (25.8%) and non-Hispanic blacks (22.0%) had higher obesity prevalence than non-Hispanic whites (14.1%).
- Non-Hispanic Asians (11.0%) had lower obesity prevalence than non-Hispanic blacks and Hispanics.⁵⁰

⁴⁶ http://www.obesitycampaign.org/obesity_facts.asp245

⁴⁷ <https://www.healthline.com/health-news/diabetes-could-top-336-billion-by-2034#4>

⁴⁸ <https://healthmetrics.heart.org/wp-content/uploads/2017/10/Cardiovascular-Disease-A-Costly-Burden.pdf>

⁴⁹ <https://onlinelibrary.wiley.com/doi/full/10.1002/cncr.29883>

⁵⁰ <https://www.cdc.gov/obesity/data/childhood.html>

In terms of adults:

- The prevalence of obesity was 39.8% and affected about 93.3 million of US adults in 2015~2016. [[Read CDC National Center for Health Statistics \(NCHS\) data briefCdc-pdf PDF-603KB](#)]
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer that are some of the leading causes of preventable, premature death.⁵¹

Four of the ingredients that contribute to the obesity epidemic as well as other diseases are refined sugars and grains, high fructose corn syrup (HFCS), and the artificial sweetener aspartame.

Refined sugars and grains

Two hundred years ago, the average American consumed only 2 pounds of sugar per year. By 1970, it was 123 pounds. And today, the average American consumes almost 152 pounds of sugar per year. This is equal to 3 pounds (or 6 cups) of sugar consumed every week.⁵² However, this is not the natural sugar found in foods like sugarcane, fruit, honey,⁵³ berries, and maple syrup.^{54 55} Instead, the sugars we actually consume come mostly from refined sugars and grains.

In their natural state, wheat and sugarcane contain vitamins, minerals, fiber, antioxidants, and other live co-factors, whereas the processed white sugar found on the family table and incorporated into thousands of products, and the white food products made from processed wheat, are devoid of these nutrients. This is due to the manufacturing process wherein all the nutrients have been stripped out, and now, just like high fructose corn syrup, are no longer whole foods but refined sugars.

Refined white sugar

In the processing of sugarcane, the molasses is separated out and only trace amounts of the vitamins and minerals it once had are left. This white sugar is now 99.9 percent carbohydrate, of which 99.8 percent is sucrose.⁵⁶ Since the body needs trace minerals in sufficient quantity to metabolize the refined sugar, the body harvests what has been lost in the manufacturing process from other parts of the body to complete the process, and this results in deficiencies of potassium, magnesium, vitamin B1, and calcium.⁵⁷

Additionally, the body responds to the consumption of refined sugars by quickly breaking them down. This causes unhealthy spikes in blood sugar which triggers a surge of insulin to clear the excess sugar from the blood. All this insulin can leave you feeling hungry soon after a meal, and this, in turn, may cause more cravings for more sweet foods. This secondary craving may cause you to overeat, put on weight, and over time lead to insulin resistance and type-2 diabetes.

Diets high in refined carbs have also been linked to high blood pressure, heart disease, obesity, hyperactivity, mood disorders, and even suicide in teenagers.⁵⁸ Put another way, the overconsumption of refined sugars and grains are linked to weight gain, heart disease, acne, diabetes, cancer, depression, and fatty liver.^{59 60}

Since refined sugars are the most commonly added ingredients to processed foods, and since they have been found to have detrimental effects on all three important functions of food – the production

⁵¹ <https://www.cdc.gov/obesity/data/adult.html>

⁵² <https://www.dhhs.nh.gov/dphs/nhp/documents/sugar.pdf>

⁵³ <https://www.healthline.com/health/food-nutrition/top-raw-honey-benefits#risks>

⁵⁴ <https://draxe.com/nutrition/maple-syrup-nutrition/>

⁵⁵ <https://www.organicfacts.net/health-benefits/maple-syrup.html>

⁵⁶ https://www.canr.msu.edu/news/sugars_defined

⁵⁷ https://www.youtube.com/watch?app=desktop&v=g_pax5an8B4

⁵⁸ <https://www.helpguide.org/articles/healthy-eating/choosing-healthy-carbs.htm>

⁵⁹ <https://www.healthline.com/nutrition/too-much-sugar>

⁶⁰ <https://www.greenmedinfo.com/blog/research-reveals-how-sugar-causes-cancer>

of energy, the stimulation of growth, and the maintenance of life,⁶¹ they are now banned in all foods served to patients and students.

Processed wheat

It is interesting to note that in the processing of wheat, the germ and the bran are separated from the carbohydrate. The carbohydrate is then pulverized and sold as white flour. The germ carried the oil which carried the vitamin E, and the bran carried the vitamin B factors. So, pigs are fed food that contains the germ and get the vitamin E, while cows are fed food that contains the vitamin B. Alas, we, the humans, are sold the left-over starch.⁶² Examples of this starch include white bread, pizza dough, pasta, pastries, white rice, sweet deserts, and breakfast cereals.

Since the natural occurring vitamins and minerals are removed during the processing of wheat, small amounts of cheap, synthetic vitamins are added back in. Also added back in are benzoyl peroxide and potassium bromide. Benzoyl peroxide is a bleaching agent that combines with proteins like gluten to create alloxans, and alloxans are known to cause Type 1 diabetes in mice and hamsters. Potassium bromate, which is banned in Europe, China, Brazil, and Canada, has also been identified as a cause of cancer in animals.⁶³

High Fructose Corn Syrup (HFCS)

In 1970, high fructose corn syrup (HFCS) was introduced into the diet.⁶⁴ It is found in many different foods so it is very difficult to avoid. Examples include soda, candy, sweetened yogurt, salad dressings, breads, canned fruits, and energy and sports drinks to name but a few. And, there is a growing scientific consensus that fructose, like alcohol, can be toxic to the liver.^{1,2}

Fructose is the sugar in fruit that makes it taste sweet, and for most people there's nothing wrong with eating a little fructose in its natural state. However, today's manufacturers can extract out and concentrate the fructose from corn, beets, and sugarcane. Unfortunately, when they do this, it removes all of the vitamins, minerals and other live co-factors found within the original food, turning it into refined sugar.⁶⁵

Because it is so inexpensive, it is found in many foods so the public consumes excessive amounts of high fructose corn syrup, and HFCS's have been linked to several health problems including obesity and type-2 diabetes (1, 2, 3, 4, 5).⁶⁶ Additionally, the overconsumption of HFCS and other refined sugars has been shown to drive the inflammation associated with an increased risk of heart disease and cancer.^{67 68} Because it has such detrimental effects to the body, this proposal bans its inclusion in all foods served to patients and students.

Aspartame (also sold under the trade names 'NutraSweet,' 'Equal,' and 'Spoonful.')

As HFCS was making its way into the food chain, the theory that cholesterol in the blood causes heart disease became very popular. Foods that contained cholesterol such as eggs and butter were deemed too dangerous to eat so the "experts" recommended the replacement of butter with margarine (a fake food⁶⁹), and the consumption of low-fat and non-fat foods. However, to make low-fat and

61 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4975866/>

62 Clinical Reference Guide page 65, published by <https://ifnh.org>

63 https://www.youtube.com/watch?app=desktop&v=g_pax5an8B4

64 https://www.google.com/search?q=when+was+hfcs+introduced&rlz=1C1CHBF_enUS716US716&oq=when+was+hfcs+introd&aqs=chrome.0.0j69i57.12287j1j7&sourceid=chrome&ie=UTF-8

65 <http://sugarscience.ucsf.edu/the-toxic-truth/#.XLnk8OhKiU1>

66 <https://www.healthline.com/nutrition/20-foods-with-high-fructose-corn-syrup>

67 <https://www.healthline.com/nutrition/why-high-fructose-corn-syrup-is-bad>

<http://www.greenmedinfo.com/toxic-ingredient/high-fructose-corn-syrup>

68 <https://articles.mercola.com/sites/articles/archive/2011/01/03/high-fructose-corn-syrup-even-worse-than-weve-been-told.aspx>

<https://articles.mercola.com/sites/articles/archive/2015/01/21/corn-syrup-toxic.aspx>

69 <http://www.simplelifebykels.com/fake-food-margarine/>

non-fat foods taste good, they were loaded up with sugar and excess sugar is stored in the body as fat, and excess fat leads to obesity, diabetes, and heart disease.^{70 71}

Since refined sugar literally replaced the fats, it became an even bigger problem. Thus, the call for a replacement sweetener became louder, and along came aspartame. It is now found in over 6,000 products⁷² including cereals, juice beverages, sodas, laxatives, multi-vitamins, yogurt, and milk drinks to name just a few.⁷³

Aspartame was granted FDA approval in 1981, however, this was not due to safety and efficacy, but to **political influence**.^{74 75} “Searle, the manufacturer, had failed to win FDA approval for 16 years and was under investigation for performing fraudulent studies. Aspartame was suddenly approved in 1981 when Donald Rumsfeld, former CEO of Searle and new member of President Ronald Reagan's transition team, appointed a new FDA commissioner. [And, because of this appointment, aspartame was approved.]

“The controversy never died down. Today for example, the State of New Mexico is attempting to ban aspartame. It is banned in Japan and officially discouraged in China. But in the USA, the FDA and lobbying groups like the Calorie Council continue to proclaim its safety.

“A 1996 review of past research conducted on aspartame found that every industry-funded study said the sweetener was safe to consume. However, 92 percent of independent studies claim one or more problems exist with its use.”^{76 77} However, “In 2005, researchers at the Ramazzini Foundation in Bologna, Italy, conducted the first such study. Their study found that rats exposed to aspartame starting at eight weeks of age and continuing through their entire lifetimes developed lymphomas, leukemias, and other tumors, including kidney tumors, which are extremely rare in the strain of rat used.

“In 2007, the same researchers published a follow-up study that exposed rats to aspartame beginning in the womb and continuing through their entire lifetimes. That study, too, found that aspartame caused leukemias/lymphomas, as well as mammary (breast) cancer. Then in 2010, they published a study that exposed mice to aspartame, starting in the womb and continuing throughout their entire lifetimes. That third study found that aspartame caused liver and lung cancer in male mice.”⁷⁸

It should be noted that although aspartame is promoted as a weight loss supplement, it is really a chemical that encourages weight gain.⁷⁹ And, as Dr. Russell L. Blaylock, professor of neurosurgery at the Medical University of Mississippi points out, “the ingestion of excessive aspartic acid from the aspartame found in our food supply is causing serious chronic neurological disorders and a myriad of other acute symptoms.”⁸⁰

Since aspartame contributes to obesity,^{81 82} and is implicated as a causative factor in urinary tract infections, kidney function decline in women, fibromyalgia, cardiovascular disease, neurological

⁷⁰ <https://articles.mercola.com/sites/articles/archive/2017/11/01/too-much-sugar-negative-effects.aspx>

⁷¹ <https://www.youtube.com/watch?v=W5RkNboD-Js>

⁷² <http://www.drugsdb.com/cib/aspartame/list-of-aspartame-products/>

⁷³ https://www.mercola.com/article/aspartame/hidden_dangers.htm

⁷⁴ <https://wmwlawfirm.com/lawsuits-documented-evidence-harm-yet-aspartame-remains-fda-approved/> /

⁷⁵ <https://vtuhr.org/articles/10.21061/vtuhr.v4i0.33/>

⁷⁶ <https://www.arizonaadvancedmedicine.com/Articles/2013/June/Aspartame-History-of-Getting-FDA-Approval.aspx>

⁷⁷ https://www.mercola.com/article/aspartame/hidden_dangers.htm

⁷⁸ <https://cspinet.org/eating-healthy/chemical-cuisine#aspartame>

⁷⁹ <https://usrtk.org/sweeteners/aspartame-weight-gain/>

⁸⁰ <https://articles.mercola.com/sites/articles/archive/2011/11/06/aspartame-most-dangerous-substance-added-to-food.aspx>

⁸¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2892765/>

⁸² <https://www.healthline.com/nutrition/artificial-sweeteners-and-weight-gain#appetite>

dysfunction, and cancer,^{83 84 85 86} it is now banned in all foods served to patients and students.

The solution to unnecessary medical expenses due to diet induced diseases

The common-sense solution to reducing unnecessary medical expenditures caused by an unhealthy diet is to change the diet. We need to transition our population from eating foods that promote disease to foods that promote health. So, it is imperative that we follow the advice of the doctors and scientists who have proved that the Mediterranean Diet is a diet that promotes health. This diet emphasizes fresh fruits, fresh vegetables, olive oil, fish, and other healthy fare. It is ranked #1 amongst all diets because it is relatively easy to follow, nutritious, safe, effective for weight loss, and protects against diabetes and heart disease.^{87 88 89}

Since federal dollars will be allocated to feed patients under the custody of National Health Care, we are left with two choices. Either we are going to feed our citizens foods that promote disease and cost us trillions of dollars in medical costs associated with the care and management of diet-related diseases, or we are going to feed our citizens foods that promote health which will save us trillions of dollars in future medical costs. The choice is obvious.

And, along this same line of reasoning, this proposal prohibits serving foods that promote disease to all students participating in the Student Lunch Program. Instead, students will be fed meals based on the Mediterranean diet, and all foods that promote disease have been eliminated and prohibited from placement on school campuses.

The combination of patients and students now eating only healthy food will slow down and begin to reverse the major diseases that costs us trillions of dollars in preventable medical conditions: obesity, diabetes, heart disease, and cancer. And, this will dramatically bring down the cost of health care.

Nutritional Supplements will bring down the cost of health care

Nutritional supplements are one of the simplest and most cost-effective ways to bring down the cost of health care. For example, the Lewin Group looked at four conditions where vitamin and mineral supplementation could reach a scientific conclusion:

1. Calcium and vitamin D and their effect on osteoporosis.
2. Folic acid and its ability to prevent birth defects.
3. Omega-3 fatty acids and their benefits for heart disease.
4. Lutein and zeaxanthin and their benefit in preventing major age-related blindness, or macular degeneration.

Their conclusion: “Spending just pennies a day on healthcare can reduce our expenditures by \$24 billion over five years.”⁹⁰

A nutritional approach to Cardiovascular Disease (CVD)

A nutritional approach to cardiovascular disease revolves around the findings of chemist Linus Pauling. He is considered one of the greatest scientists of the 20th century, and in 1994 was awarded **patent #5278189A** for his discovery that the very inexpensive Vitamin C and two amino acids (L-

⁸³ <http://www.greenmedinfo.com/toxic-ingredient/aspartame>

⁸⁴ <https://cspinet.org/eating-healthy/chemical-cuisine#aspartame>

⁸⁵ <https://cspinet.org/sites/default/files/attachment/aspartame%20Soffritti%20analysis%201-14%20clean%20copy.pdf>

⁸⁶ https://usrtk.org/sweeteners/aspartame_health_risks/#cancer

⁸⁷ <https://health.usnews.com/best-diet/mediterranean-diet>

⁸⁸ <https://www.cookinglight.com/news/us-news-diet-rankings-2019>

⁸⁹ <https://pubmed.ncbi.nlm.nih.gov/30817261/>

⁹⁰ https://www.huffingtonpost.com/dr-mark-hyman/how-dietary-supplements-r_b_641130.html

Lysine and L-Proline) will prevent and cure arteriosclerosis and occlusive heart disease.^{91 92 93}

Since cardiovascular disease will cost America \$555 billion in 2012, and by 2035 will cost us \$1.1 trillion,⁹⁴ the implementation of Pauling's protocol coupled with a nutritional approach that strengthens the arteries, remove excess cholesterol from the blood, thins the blood, opens up the microcirculation, and prevents platelet aggregation will save us billions of dollars every year. The following supplements help to accomplish these goals:

1. **The P factor (Vitamin P):** In 1937, Albert Szent-Gyorgyi received the Nobel Prize for his discovery of Vitamin C. And, within the paprika he was studying he discovered what he called at the time "Vitamin P." It turned out that "Vitamin P" was really part of the Vitamin C complex, and it was the P factor that was responsible for curing scurvy by strengthening the endothelial layer of the capillaries. In other words, ascorbic acid, the purified form of Vitamin C, was not enough.^{95 96 97} The "P factor" can only be found in whole foods or in concentrated whole food-based Vitamin C products.

Garlic: Although mainly known for its ability to

protective effect on atherosclerosis by reducing lipid content on the arterial wall. [39]¹⁰⁰

3. **Ginkgo Biloba:** There are about 60,000 miles of arteries, capillaries, and veins in the average adult, and of these about 80% are capillaries.¹⁰¹ Ginkgo Biloba helps to open up the capillaries so that the platelets have an easier time coursing through the network. This has positive affects for the liver,¹⁰² brain,^{103 104} and heart.¹⁰⁵
4. **Nattokinase:** This fermented soybean product has been consumed as a traditional food in Japan for thousands of years, and proven to be a potent, blood-clot dissolving protein.^{106 107}
5. **Soy Lecithin:** Lecithin helps to increase secretions of bile acids that contain high levels of cholesterol and phospholipids.¹⁰⁸
6. **Natural blood thinners:** Garlic, turmeric, ginger, cayenne peppers, vitamin E, cassia cinnamon, ginkgo biloba, grape seed extract, dong quai, feverfew, and bromelain.¹⁰⁹
7. **Hawthorne:** This herb has a long history of heart healing.¹¹⁰ "Moreover, numerous clinical studies have demonstrated that hawthorn preparations are very effective in early

⁹¹<http://patft.uspto.gov/netacgi/nph->

Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetacgi/nph-PTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=5278189.PN.&OS=PN/5278189&RS=PN/5278189

⁹² <http://jeffreydachmd.com/heart-disease-vitamin-c-and-linus-pauling2/>

⁹³ <https://www.youtube.com/watch?v=W5RkNboD-Js>

⁹⁴ <https://healthmetrics.heart.org/wp-content/uploads/2017/10/Cardiovascular-Disease-A-Costly-Burden.pdf>

⁹⁵ <https://www.masqueliersopes.com/en/excerpt/vitamins-c-en-p>

⁹⁶ <https://thedoctorwithin.com/2009/10/21/ascorbic-acid-is-not-vitamin-c/>

⁹⁷ https://yournewvitality.com/Malnutrition_and_the_Microbe_-_Flu_Prevention_Class.pdf

⁹⁸ <https://academic.oup.com/jn/article/146/2/410S/4584722>

⁹⁹ <http://www.greenmedinfo.com/blog/how-garlic-can-save-your-life>

¹⁰⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC139960/#:~:text=Protective%20effect%20of%20garlic%20on,of%20artery%20wall%20%5B39%5D.>

¹⁰¹ <https://www.livescience.com/39925-circulatory-system-facts-surprising.html>

¹⁰² <https://pubmed.ncbi.nlm.nih.gov/15154282-the-effect-of-ginkgo-biloba-extract-egb-761-on-hepatic-sinusoidal-endothelial-cells-and-hepatic-microcirculation-in-ccl4-rats/>

¹⁰³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3163160/>

¹⁰⁴ <https://link.springer.com/article/10.1007/s12325-011-0083-4>

¹⁰⁵ <http://pennstatehershey.adam.com/content.aspx?productid=107&pid=33&gid=000247>

¹⁰⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5372539/>

¹⁰⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6043915/>

¹⁰⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3065734/>

¹⁰⁹ <https://www.medicalnewstoday.com/articles/322384.php>

¹¹⁰ <https://articles.mercola.com/sites/articles/archive/2016/10/24/hawthorn-berry-benefits.aspx>

stages of congestive heart failure.”¹¹¹ It is also effective for more advanced states as well.¹¹²

8. **Pomegranate extract:** A study published in the journal *Atherosclerosis*, confirms that pomegranate extract may prevent and/or reverse the primary pathology associated with cardiac mortality: the progressive thickening of the coronary arteries caused by the accumulation of fatty materials known as atherosclerosis.[i]¹¹³
9. **Other supplements** proven effective to help treat cardiovascular disease include: fish oil (omega 3’s),¹¹⁴ co-enzyme q10,^{115 116} resveratrol,¹¹⁷ and vitamin D.^{118 119}
10. **Additionally, Harvard University found that,** “You can help prevent heart disease by doing four key things and making them into habits:
 1. Don’t smoke (or quit if you do)
 2. Maintain a healthy weight
 3. Exercise; be active
 4. Follow a healthy diet

“Strong studies make it possible to link reductions in risk to these habits. Following a healthy lifestyle may prevent over 80% of cases of coronary artery disease, [23, 24] 50% of ischemic strokes, [25] 80% of sudden cardiac deaths, [26] and 72% of premature deaths related to heart disease. [27] In other words, a healthy lifestyle is a good investment in a longer, healthier life.”¹²⁰

These are just a few examples demonstrating that various medical conditions can be prevented and treated with diet, lifestyle changes, and very inexpensive vitamins, minerals, herbs, and whole-food based supplements. Therefore, Section 3.b.vii.6. encourages all doctors to integrate nutritional supplements into their preventive care and allopathic treatment protocols. Once implemented, this will bring down the cost of health care by billions of dollars every year.

Business and State benefits from National Health Care

An added benefit from National Health Care is the effect it will have on business worker compensation premiums. Since everyone will now be covered by National Health Care, and since it has already been paid for, there will no longer be the need for corporations to be charged for that portion of the premium devoted to medical expenses. The money saved by paying lower premiums presents as a giant windfall profit to businesses, and this will be one of the reasons why they will accept their expanded payroll obligation for National Health Care.

Another benefit that will come from National Health Care is the effect it will have on each state's fiscal budget. Since National Health Care covers everyone, and since payroll taxes have already paid for it, the states will no longer be obligated to help finance Medicaid for the poor. The money not spent on Medicaid for the poor will translate into an enormous amount of money that can now be spent on other fiscal responsibilities. When combined with the reimbursement money designated from Section 8., each state will be able to pay down their debt and balance their budgets. This not only has enormous economic implications for each state’s economy, but for the nation at large.

¹¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3891531/>

¹¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3249900/>

¹¹³ <http://www.greenmedinfo.com/blog/how-clean-your-arteries-one-simple-fruit>

¹¹⁴ <http://www.clevelandheartlab.com/blog-tag/omega-3-fatty-acids/>

¹¹⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6131403/>

¹¹⁶ <http://www.clevelandheartlab.com/blog/horizons-coq10-what-are-the-heart-health-benefits/>

¹¹⁷ <https://europepmc.org/abstract/med/10492890>

¹¹⁸ <http://www.clevelandheartlab.com/blog-category/vitamins-and-supplements/>

¹¹⁹ <https://www.youtube.com/watch?v=h0w7buQrnAw>

¹²⁰ <https://www.hsph.harvard.edu/nutritionsource/disease-prevention/cardiovascular-disease/preventing-cvd/>

Internal controls

It is imperative to point out that even though National Health Care is a socialist program, products and services will be administered by for-profit companies. These providers will be subject to the same rules of capitalism that were in effect when they were paid for their services by for-profit health insurance companies. The fact that they will now be paid by the government does not in any way guarantee their success. If they do not adhere to sound business practices they will fail.

This plan also introduces new elements of competition. For example, Section 3.b.v.5.f., creates an alphabetized grading system for hospitals and medical clinics. These institutions will receive letter grades of A, B, or C that are based on, among other things, successful patient outcomes and patient satisfaction. These grades must be posted on main entryways and in all waiting areas for easy public viewing. This will promote competition for patients because most patients will only check into those institutions that receive grades of A or B. If a facility does not receive such a grade, they will not attract enough patients to be profitable and they will fail.

Monetary rewards for quality care have also been emphasized. For example, Section 3.b.viii provides financial incentives for those institutions that receive the grade of A, and to practitioners who successfully transition their patients off tobacco, drugs, and alcohol, and bring their patients from obesity to proper weight.

To ensure that hospitals and clinics are in compliance with the rules and regulations pertaining to this program, Section 3.b.ix. subjects these institutions to random, unannounced inspections to determine whether patients are receiving adequate medical care. It also assesses monetary penalties against those institutions that have a low rate of successful patient outcomes, high rates of readmissions, and cause patients to acquire infections from their facilities.

Short summary

Looking at the overall picture, because the single-payer system eliminates for-profit health insurance companies, lowers the cost of prescription medications, reduces unnecessary tests and procedures, and emphasizes preventive care that includes dietary and lifestyle changes, the cost of health care will be reduced by a minimum of 50%. This will make National Health Care not only cost effective, but affordable.

Opposition to National Health Care (and why they're wrong)

In order to stop the transition from for-profit health care to single-payer National Health Care, the critics label National Health Care as socialism. The implication being that socialism is a throwback to failed Marxism in other countries and thus so un-American that if National Health Care ever came into existence not only would we lose our individual liberties, but America as we know it would come to an end.¹²¹ Not only is this preposterous, it is pure fiction.

Socialism in America

The United States is and always has been a **capitalist-socialist** society. We have fire departments, police departments, postal services, public libraries, public schools, public parks, Medicare, Medicaid, Social Security, agricultural subsidies, and veterans' health care services. Most people do not realize that these are all socialist programs, as are the roads we drive to work on and the armed forces that protect us from foreign enemies.

At the same time, the United States is the greatest free-market economy the world has ever known. We have over 32 million Small Businesses which represents 99.9% of all U.S. businesses, and they employ 58.9 million people.¹²² With few exceptions, all of these businesses operate under the rules of capitalism, and these for-profit companies have propelled America's GDP to \$20.5 trillion, the

¹²¹ This is the same criticism that accompanied the introduction of Medicare.

¹²² <https://www.sba.gov/sites/default/files/advocacy/2018-Small-Business-Profiles-US.pdf>

largest in the world.¹²³ This represents 26.3% of the world's economy¹²⁴ even though we are only 4.5% of the world's population.

So, what we have here is an overwhelmingly capitalist economy with a few socialist businesses and programs. And, it is this combination of capitalism and socialism, in this overwhelmingly capitalist to socialist ratio, that results in the most wealth and the most services for the most people.

Socialism in the banking industry

“The U.S. government has a long history of leading economic bailouts. The first major intervention occurred during the Panic of 1792 when Treasury Secretary Alexander Hamilton authorized purchases to prevent the collapse of the securities market.¹ When private enterprises are in need of rescue, the government is often ready to prevent their ruin. In this article, we look at six instances over the past century that have necessitated government intervention:

- The Great Depression
- The Savings and Loan Crisis
- The conservatorship of Fannie Mae and Freddie Mac
- The collapse of Bear Stearns
- The rescue of American International Group (AIG)
- The COVID-19 pandemic

KEY TAKEAWAY

- The Panic of 1792 was the first time the federal government intervened to prop up the markets. During that crisis, Treasury Secretary Alexander Hamilton authorized purchases to prevent the collapse of the securities market.
- During the Great Depression, a government program to buy and refinance defaulted mortgages kept 1 million families in their homes.
- The Savings & Loan crisis cost the government \$160 billion (in 1990 dollars) to clean up.
- In response to the COVID-19 pandemic, the U.S. government authorized more than \$2 trillion in assistance, including providing three stimulus checks: \$1,200 for every qualifying adult and \$500 for every child in April 2020, \$600 for every qualifying adult and dependent children in December 2020, and, with the passage of the American Rescue Plan Act in March 2021, a third check of \$1,400 for qualifying adults and each of their dependents.”¹²⁵

It is important to point out that when our government decided to save the banks during the 2007-2008 subprime mortgage crises, it was due to the influence of the rich and powerful, and came at the expense of the homeowners. Where banks such as Wells Fargo, Chase, and Citibank each received \$25 billion to remain solvent,¹²⁶ over six (6) million Americans were denied government help, forced into foreclosure, and lost their homes.¹²⁷

This crisis revealed what the rich have always known: In times of great economic crisis brought on by free-wheeling capitalism, only government intervention by the rich for the rich can save the day.

¹²³https://www.google.com/search?q=2018+us+gdp&rlz=1C1EJFC_enUS855US855&oq=2018+&aqs=chrome.1.69i57j0l6j69i60.11494j0j7&sourceid=chrome&ie=UTF-8

¹²⁴ <https://www.investopedia.com/insights/worlds-top-economies/>

¹²⁵ <https://www.investopedia.com/articles/economics/08/government-financial-bailout.asp>

¹²⁶ <https://money.cnn.com/news/specials/storysupplement/bankbailout/>

¹²⁷ <https://www.law.nyu.edu/news/ideas/michael-ohlrogge-great-recession-foreclosures#:~:text=The%20Great%20Recession%20that%20started,lost%20their%20homes%20to%20foreclosure.>

Socialism in the automotive industry

“On December 19, 2008, a week after Senate Republicans killed a Democratic Sponsored bailout bill, asserting it failed to impose sufficient wage cuts on autoworkers, President George W. Bush announced a \$17.4 billion bailout to General Motors and Chrysler, of which \$13.4 billion would be extended immediately.

Without federal aid, GM and Chrysler warned, they faced bankruptcy and the loss of 1 million jobs. (Ford, the remaining “Big Three” automaker, said it didn’t need the funds since it had already cut costs. But it asked to be included so it wouldn’t suffer by having to compete with subsidized companies.)”¹²⁸

Socialism in the airline industry

“As the COVID-19 crisis ravaged the American economy, airlines were among the first industries to receive government aid to soften the blow. Under the CARES Act’s \$500 billion fund for large corporations, a \$32 billion Payroll Support Program was carved out specifically for the aviation industry, with few strings attached.

“As a result, American taxpayers have financed bailouts for airline companies to the tune of tens of billions of dollars, regardless of whether the company reported recent stock buybacks rewarding shareholders, or billion-dollar profit margins, or multi-million-dollar executive compensation packages. Several luxury private jet companies have also benefited greatly from the program under the direction of the Trump Treasury Department, some with financial ties to President Trump himself.”¹³⁰

Again, this type of government intervention into the private sector at critical economic times proves that under extraordinary circumstances, only socialist policies can save the day.

Socialism in Sports

Most Americans are totally unaware that the National Football League, the National Basketball Association, and Major League Baseball are among the most socialist corporations in America. A quick look at their internal structure illustrates this point.

All three organizations guarantee that the team with the worst season record receives the right to the first pick in the annual draft. This policy is in place for only one reason: to ensure that the league stays competitive by shoring up the talent on weaker teams. What most fans do not realize is that while they are celebrating the team with the worst record choosing the number one player, they are actually endorsing one of the most *socialist* aspects of their favorite sport. If these corporations were operating under a capitalist system, the opposite would be true. In a true capitalist system, the team with the best record would automatically be rewarded with the number one pick.

In terms of player salaries, the leagues impose wage caps to “limit the total amount of money a professional sports team can spend. During a “free agency” period, when players are allowed to sell their services to other teams, a salary cap prevents the most well-capitalized teams from signing all the top players. The rationale for the salary cap is to:

- Prevent one team from gaining an unfair advantage over the rest of the competition because they can afford more star players.

¹²⁸ <https://www.politico.com/story/2018/12/19/bush-bails-out-us-automakers-dec-19-2008-1066932>

¹²⁹ <https://www.investopedia.com/articles/economics/chrysler-bailout.asp>

¹³⁰ <https://covidbailouttracker.com/program/airline-industry-bailouts>

- Enable smaller franchises to remain competitive and grow their fan base.
- Help a whole league thrive by ensuring that a larger number of teams are potentially interesting to casual fans.”¹³¹

This direct intervention into the marketplace goes against the central core of capitalism. And, this type of behavior would not be tolerated in a true capitalist league but is inserted here to protect the interests of the fans and the owners.

These corporations also engage in revenue sharing. For example, in Major League Baseball, “all teams pay in 31 percent of their local revenues and that pot is split evenly among all 30 teams. In addition, a chunk of MLB’s Central Fund — made up of revenues from sources like national broadcast contracts — is disproportionately allocated to teams based on their relative revenues, so lower-revenue teams get a bigger piece of the pie.”¹³² Again, this direct intervention into the marketplace is a policy completely at odds with the tenets of capitalism.

And, perhaps most hypocritical of all, is the demand by professional team owners that taxpayers subsidize the construction costs of the stadiums their teams play in. “The amount of money needed to build or renovate NFL stadiums varies wildly, but despite a handful of exceptions, the vast majority of the stadiums had the vast majority of their financing come from taxpayers.”¹³³

For example, with Nevada kicking in \$750 million to build the Raiders a new stadium in Las Vegas, NFL teams have now received nearly \$7 billion in tax money to build stadiums over the last two decades.¹³⁴ The idea that billionaires cannot afford to finance their own stadiums without public assistance is, of course, absurd. However, these billionaires are not stupid. They know it is more profitable to get the public to subsidize their construction costs so they can make more money. So, they play off one city against another in order to receive tax breaks and to subsidize their construction costs, claiming that the taxpayers financial burden will be more than offset by the economic benefits that will flow into the area from the building of their new stadiums.

However, that is not really what happens. “A new sports facility has an extremely small (perhaps even negative) effect on overall economic activity and employment. No recent facility appears to have earned anything approaching a reasonable return on investment. No recent facility has been self-financing in terms of its impact on net tax revenues.”¹³⁵

The reality is that this form of corporate welfare allows billionaire owners to enjoy more profits while viewing games from taxpayer-funded luxury suites. The lesson learned here is that socialism is great for the rich.

Socialism in the Department of Veterans Affairs

Another example of socialism in America is the Department of Veterans Affairs (VA). Here, veterans’ health care services are completely financed and administered by the government. This means that the government owns the hospitals that veterans are admitted to, and is the employer of the physicians who oversee their care. This is the very definition of socialism. Yet, you rarely hear the call for its elimination. Perhaps this is because it is so successful. The government can rightfully boast that when this program is properly funded and administered it provides a superior level of service, has a high patient success rate, and is valued by its patients.

¹³¹ <https://onlinesportmanagement.ku.edu/community/salary-caps-in-sports>

¹³² <https://www.cbsnews.com/news/mlbs-revenue-sharing-formula/>

¹³³ <https://www.businessinsider.com/who-pays-for-nfl-stadiums-2016-6>

¹³⁴ <https://profootballtalk.nbcsports.com/2017/03/28/nfl-stadiums-have-received-an-estimated-6-7-billion-from-taxpayers/>

¹³⁵ <https://www.brookings.edu/articles/sports-jobs-taxes-are-new-stadiums-worth-the-cost/>

Socialism in Agriculture

In the 1930's, our government directly intervened into the marketplace with price supports and subsidies. This was done to provide economic stability to farmers during the Great Depression to ensure a steady domestic food supply.^{136 137 138} Again, this type of government intervention into the marketplace is the very definition of socialism. Yet, and even though this program has outlived its purpose, you rarely hear the call for its demise. Perhaps this is because there are members of Congress and some of their wealthy constituents who are direct beneficiaries of this program.¹³⁹ And, as astonishing and hypocritical as this is, while these elected officials gladly accept this government largesse, they rail against the evils of socialism and oppose the implementation of National Health Care.

Medicare is a socialist program

While the critics attack National Health Care as socialism, they rarely apply the same criticism to Medicare. Instead, they complain about Medicare fraud, try to cut reimbursements to the doctors who provide Medicare services, and try to cut currently allowed medical procedures. And, while they are railing against the evils of socialism, you never hear them call for their parents or relatives to give up their Medicare eligibility even though they know that all of these people are participating in a socialist program.

It is worth noting that the politicians who oppose National Health Care never introduce legislation to abolish Medicare. They know that if they tried to do this, the ensuing discussion would reveal that Medicare is a socialist program. And, once the public truly understands that **Medicare is a socialist program**, and that **National Health Care is merely an extension of Medicare**, the objections against implementing Medicare for All will end.

As the march towards National Health Care intensifies, the health insurance companies, the pharmaceutical companies, the American Medical Association, and other entities that make their enormous profits through our current for-profit system will unleash a media campaign designed to stop this from happening.

Their ads will assert that the government, instead of the doctor, will decide what treatments patients receive. They will try to discredit the government's ability to administer National Health Care efficiently.¹⁴⁰ You will see TV adds depicting senior citizens and young families railing against the intrusion of government into their private lives, and long lines of patients trying to get into overcrowded offices in a vain attempt to see the doctor. And, they will misinform the public about the success of National Health Care in other countries.¹⁴¹

Ultimately, this campaign will fail since the counter argument, Medicare, shows that the government can manage health care competently and economically.¹⁴² It will reveal that Medicare does not interfere with the doctor's decisions regarding the treatment's patients receive, and the only reason there are waiting periods to see doctors is due to a shortage of doctors. The limited supply of doctors is due to artificially created policies that restrict the number of qualified applicants from entering the

¹³⁶ <http://grist.org/food/our-crazy-farm-subsidies-explained/>

¹³⁷ <http://www.economist.com/news/united-states/21643191-crop-prices-fall-farmers-grow-subsidies-instead-milking-taxpayers>

¹³⁸ <https://www.downsizinggovernment.org/agriculture/subsidies>

¹³⁹ <http://www.ewg.org/release/members-congress-received-238k-farm-subsidies>

¹⁴⁰ <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7731-03.pdf>

Medicare's administrative costs are less than 2%.

¹⁴¹ <https://mic.com/articles/46063/7-countries-that-show-us-how-health-care-should-be-done#.VcMTMcrdf>

http://www.huffingtonpost.com/2013/08/29/most-efficient-healthcare_n_3825477.html

¹⁴² <https://www.disabled-world.com/disability/statistics/seeing.php>

medical profession. Section 8.k.ii solves this problem by creating 37 new medical schools. These new schools will provide the additional personnel needed to mitigate our current shortage of doctors, nurses, and other health care providers.

There is no viable alternative to National Health Care

It is equally important to point out that the critics of National Health Care never present any viable alternatives to solve our health care crisis. They simply refuse, often on ideological grounds, to acknowledge that for-profit health care has failed. Instead, they propose reforms such as Health Savings Accounts, deregulation, and competition across state lines as alternatives to National Health Care, and vouchers to replace Medicare.

Unfortunately, these “reform” proposals cannot solve our health care crisis. The basic problem is that all of these plans operate on the for-profit model which always demands the maximization of profits. Therefore, in search of greater profits the insurance companies will keep increasing premiums, deductibles, and co-payments while decreasing coverage. This guarantees the failure of for-profit health care solutions.

Furthermore, supporters of for-profit health insurance cannot point to any free-market economy anywhere in the world where their ideologically driven system works. In the United States, health insurance companies are only profitable for two main reasons. First, because they keep increasing premiums, deductibles, and co-pays while decreasing coverage. And second, because our government takes care of our senior citizens through Medicare, and the very poor through Medicaid. If these two groups were added into the pool that must be covered, the for-profit health insurance companies would never turn a profit, and they would fail.

Vouchers

The proposed voucher program, promoted as one of the solutions to Medicare’s future funding problem, is itself a problem. In this plan, the government issues a voucher to our senior citizens that is worth a fixed amount of money and is used to purchase a health insurance policy on the open market. However, virtually no one currently enrolled in the Medicare program would willingly give up their guaranteed access to health care for a government subsidized voucher if they truly understood what that would mean.

The idea of using a voucher to acquire a private policy that would cover the projected medical costs of our senior citizens is illogical. First, insurance companies understand that as people age and disease inevitably creeps in, a disproportionate amount of money will be spent on treating age-related conditions. And second, corporations are created to maximize profits. These two facts must be reflected in the policies they sell.

Therefore, to attract potential customers, insurance companies will offer policies that have premiums the voucher will be able to cover. However, to guarantee profits, they will include large deductibles, co-payments, and out-of-pocket expenses. These conditions will prevent most seniors from using their policies for fear of placing themselves in great financial peril. This hesitation will guarantee giant profits that go back to the insurance companies and their investors, however, it will leave our senior citizens at great risk.

There is, however, one substantial asset many seniors have, and that is their home. Unfortunately, they will now be in the unenviable position of either selling or mortgaging their home to pay for the treatment they discovered was not really covered, or was too expensive for them to afford. And, for those who do not have such an asset, they will be forced to borrow money from friends and family to pay for their treatments or go without them, and this is unacceptable.

Reforming the FDA

In order to fully reform our health care system, we must also reform certain aspects of the Food and Drug Administration (FDA). For far too long there has been too cozy relationship between the pharmaceutical industry and their regulators, the FDA. This has led to conflicts of interest that has allowed the approval of drugs that should never have come to market.^{143 144 145 146}

In order to prevent this from happening, this proposal has implemented several reforms. First, the Senate can now only confirm those nominees to head the FDA that have had no prior employment with, or financial ties to, the pharmaceutical industry.

Second, since federal agencies should never have even the slightest perception of a conflict of interest, and since 45% of the FDA's current budget of \$6.1 billion is funded directly by the pharmaceutical industry through user-fees,^{147 148 149} this proposal reduces the company's current user-fee costs, which run between \$370,000 and \$3 million per drug, to a one-time application fee of \$25,000 per drug.^{150 151} Now, the rest of the FDA budget will be funded only from the general fund, and the FDA is prohibited from soliciting or accepting money of any kind from any and all other sources.

Third, it prohibits employees of the FDA from future employment in the pharmaceutical industry for a minimum of five (5) years after the date of their last employment with the FDA. This will effectively end the "revolving door" policy that has been responsible for ongoing conflicts of interest.^{152 153}

Fourth, the Congress is now required to create an exclusive pool of completely independent peer reviewers who will have access to all the raw data generated from the clinical trials of all drugs seeking FDA approval. These independent reviewers will be vetted to make sure that they have no ties of any kind to the pharmaceutical industry, and have the highest professional and academic credentials. Furthermore, their conclusions cannot be altered or changed in any way. Now, when doctors read their evaluations, they will know that what they are reading truly represents completely honest, independent assessments.

There is also a new requirement mandating that the number needed to treat (NNT) be clearly shown on all drug advertisements. The NNT is defined as, "the number of patients you need to treat to prevent one additional bad outcome (death, stroke, etc.). For example, if a drug has an NNT of 5, it means you have to treat 5 people with the drug to prevent one additional bad outcome."¹⁵⁴

The NNT must now be clearly shown and voiced on all drug adds: radio, television, and print. For print and television commercials, it has to be in fonts and sizes that can be easily read by the viewing audience, and must be visible during the entire length of the commercial. For radio adds, the

¹⁴³ <https://www.fda.gov/drugs/drug-safety-and-availability/drug-recalls>

¹⁴⁴ <https://prescriptiondrugs.procon.org/fda-approved-prescription-drugs-later-pulled-from-the-market/>

¹⁴⁵ <https://www.hmhbbooks.com/shop/books/sickening/9781328956989>

¹⁴⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4046551/>

¹⁴⁷ <https://www.fda.gov/about-fda/fda-basics/fact-sheet-fda-+->

[lance#:~:text=The%20FDA%20budget%20for%20FY,%2410.01%20per%20American%20per%20year.](https://www.fda.gov/about-fda/fda-basics/fact-sheet-fda-+-)

¹⁴⁸ <https://today.uconn.edu/2021/05/why-is-the-fda-funded-in-part-by-the-companies-it-regulates-2/#>

¹⁴⁹ <https://www.fda.gov/about-fda/fda-basics/fact-sheet-fda->

[glance#:~:text=Program%20Funding&text=About%2054%20percent%2C%20or%20%243.3,provided%20by%20federal%20budget%20authorization](https://www.fda.gov/about-fda/fda-basics/fact-sheet-fda-)

¹⁵⁰ <https://www.marketwatch.com/story/beleaguered-fda-in-talks-for-drug-company-funding-11626177049>

¹⁵¹ <https://www.pharmexec.com/view/fda-user-fees-to-rise-and-fall-as-new-fee-agreements-move-forward>

¹⁵² <https://therevolvingdoorproject.org/the-industry-agenda-big-pharma/>

¹⁵³ <https://www.npr.org/sections/health-shots/2016/09/28/495694559/a-look-at-how-the-revolving-door-spins-from-fda-to-industry>

¹⁵⁴ <https://www.cebm.ox.ac.uk/resources/ebm-tools/number-needed-to-treat-ntt>

announcer must mention in a clear and unambiguous way, the NNT of the drug being advertised. These requirements will enable the public to have a better understanding of the efficacy of the drugs the pharmaceutical companies want to promote.

A real-life example revolves around Lipitor, the number one selling statin drug in the world.¹⁵⁵ The public will now know that it has a NNT of 100.¹⁵⁶ When they ask their doctor what this means, the doctor will have to inform them that you have to treat 100 people before one person receives the benefit, or looked at another way, since Lipitor did not work for the first 99 people, it has a failure rate of 99%. This is important information to know when making the decision as to whether or not to take the drug in the first place.

Overall, these reforms will help prevent the authorization of drugs like viox, estimated by the medical journal *Lancet* to have given 88,000 Americans heart attacks, of which 38,000 died,¹⁵⁷ prevent the political shenanigans that permitted aspartame to come to market,^{158 159} and increase the public's medical knowledge so that people can make intelligent, informed decisions pertaining to the drugs prescribed to them by their doctors.

Conclusion

The time has come to provide high quality health care for all Americans. The public knows that for-profit companies cannot provide high quality care at affordable prices. The public also knows that expanding Medicare into National Health Care is the only logical solution that has ever been proposed.^{160 161 162} All that is needed now is the political will to force our politicians to admit that in the area of health care, the government needs to take over the role currently played by for-profit health insurance companies.

¹⁵⁵ <https://www.fiercepharma.com/pharma/from-old-behemoth-lipitor-to-new-king-humira-u-s-best-selling-drugs-over-25-years>

¹⁵⁶ <https://centerforhealthjournalism.org/blogs/nnt-can-be-tnt-blowing-pharma-marketing-claims#:~:text=So%20to%20spare%20one%20person,benefit%20is%20100.>

¹⁵⁷ <https://www.npr.org/2007/11/10/5470430/timeline-the-rise-and-fall-of-viox#:~:text=By%20the%20time%20Viox%20is,and%2038%2C000%20of%20them%20died.>

¹⁵⁸ <https://wmwlawfirm.com/lawsuits-documented-evidence-harm-yet-aspartame-remains-fda-approved/>

¹⁵⁹ <https://vtuhr.org/articles/10.21061/vtuhr.v4i0.33/>

¹⁶⁰ <http://pnhp.org/blog/2015/12/17/kaiser-poll-58-of-americans-support-medicare-for-all/>

¹⁶¹ <http://www.gallup.com/poll/191504/majority-support-idea-fed-funded-healthcare-system.aspx>

¹⁶² <https://pnhp.org/news/two-thirds-of-voters-support-providing-medicare-to-every-american/>

