

MANIFESTO FOR A NEW HEALTHCARE MODEL

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Modern medicine is a negation of health. It isn't organized to serve human health, but only itself, as an institution. It makes more people sick than it heals. Ivan Illich

Americans love easy answers and sounds bites. Unfortunately there are none when it comes to overhauling the health care system. It is neither going to be saved instituting more Obama/Romney-care privatization wealth transfer boondoggles as promoted by the neoliberal Heritage Foundation nor by an overly ambitious single payer medicare-for-all as championed by the left. The system is highly complex and does not exist in a bubble. It is a significant component in a more extensive network of dynamic interrelated moving societal and economic parts, often in disequilibrium. As of 2016 it constituted 17.8% of the GDP and continues to grow at an unsustainable rate of about 5% per year. For the American taxpayers these numbers are artificial markers of a system that has a low return on investment. Even though it has the highest expenditures per capita, the U.S. ranks last among 10 OECD (Organization for Economic Co-operation and Development) countries in quality of care delivered. More importantly, the assessment of the growth rate of the health care sector as it is currently configured, obscures those underlying factors that are really driving this inflationary trend. It is not reflective of direct patient care costs as the number of physicians or care providers have barely increased to meet population requirements. What is actually being counted is the astronomical growth in the non-productive administrative sector whose rising ranks have been escalating the overhead generated by what are bureaucratic make work non-essential services¹--in essence, the bureaucrats who support themselves by denying care.^{2,3} Because the health of a people is a resource that may be used to create value in civil society, and for purposes of this treatise, health

¹ <https://fee.org/articles/the-chart-that-could-undo-the-us-healthcare-system/>

² <https://www.lifesitenews.com/news/insurer-wont-cover-treatment-then-asks-doctor-would-you-consider-assisted-s>

³ <http://www.baltimoresun.com/news/opinion/oped/bs-ed-insurance-denials-20160220-story.html>

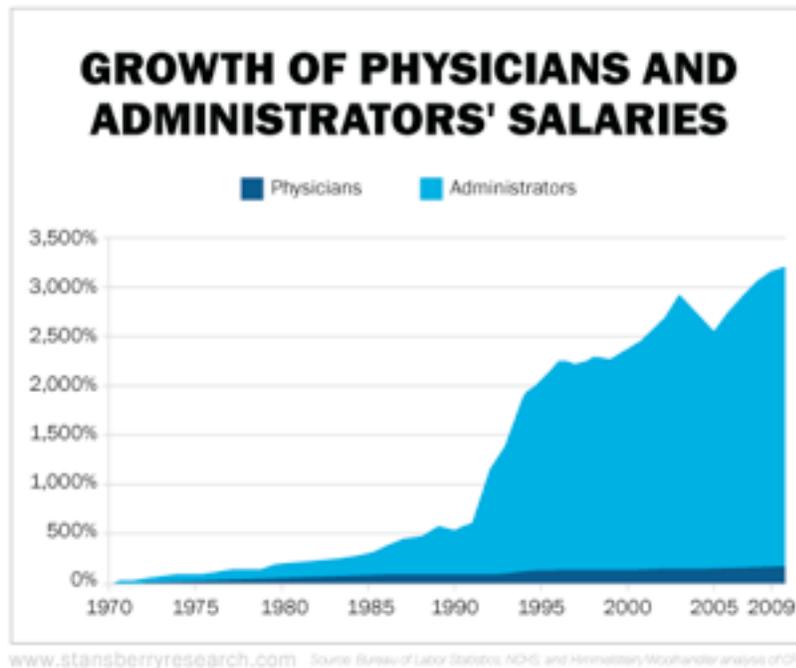
care will be treated as a public good and part of the commons. It is with perfect understanding that this position is diametrically opposed by the neoliberal “free marketers” who hold a mechanistic view of humans as both replaceable and disposable moving parts whose only worth is measured in their ability to add value to the wealth of the 1%.

In attempting to analyze any significant sector of the economy including health care, the background ambient super structures that are fundamental cost drivers must be considered in the model. The two major superstructures that can never be discounted are the capture and monopoly control of the money supply by a private entity issuing money as debt and the economics of hidden wealth transfer mechanisms that equates income derived from the FIRE (finance, insurance, real estate and law) sector with income derived from real capital production. This article will not go deeply into these supra structures as they have been substantially dealt with elsewhere.⁴ The focus here will be on the substructure cost drivers. The substructure cost drivers that derive from the super structure are: 1. The unnecessary overhead costs of the insurance, pharmaceutical and technology sectors; 2. The monopoly of the allopathic model; 3. Corporate/government entities uniting to be run as criminal/racketeering enterprises that get a free reign to externalize negative costs by creating individual, community and ecological catastrophes; 4. and the willingness of a passive population to accept these structures and strategies as inevitable. Once these interlocking and interrelated cost drivers can be isolated and categorized appropriately, it will be shown that health care costs can be reduced substantially while improving the general health and well-being of the population.

Modern post classical economists have been taught not to distinguish either the social, political or economic consequences that result from conflating an equality between productive and unearned income. As a result of this conflation and the fact that insurance and other non-productive costs have been rapidly accelerating, it is almost

⁴ Hudson, Michael, 2015 Killing the Host, Islet

impossible to decipher whether real health care costs have gone from 3% to 18% of GDP over 30 years or if there has been a massive wealth transfer to the non-productive insurance and public relations arm of the pharmaceutical and technology sectors. If indeed, this is the case, then it would be realistically reflected in an honest and probably net negative GDP assessment over the last three decades. The real productive economy in the U.S. has been contracting. A case can be made for this on any day by a visit to the formerly productive industrial areas of the country which have been dubbed “the rust belt”.



The origin of this inflationary trend in the health sector can be traced back to the Nixon era and a recorded conversation between Nixon and his chief of staff, H.R. Haldeman. Haldeman noted that, “Edgar Kaiser is running his Permanente deal for profit. And the reason that he can...the reason he can do it...All incentives are toward less medical

care...because the less care they give the, the more they make.”⁵ . That idea of increasing private profits by denying needed care was the impetus that led to the HMO act of 1973 and the bloating of both the pharmaceutical and the health insurance sector and a consolidation in hospital ownership resulting in the steady cost inflation that has characterized the industry. This, of course, leads to a more rational explanation of why costs have gone up, but the quality of care has declined. Haldeman’s endorsement of the Permanente model to Nixon was consistent with the gradual replacement of the post WWII Keynesian economic system with the neoliberal pro-rentier ideology espoused by Milton Friedman and the Chicago School of Economics that proclaimed “There is no such thing as a free lunch”--that is to the rentier class. This neoliberal philosophy has taken on the mantle of religious dogma and has attempted to discredit and displace those institutional structures that brought some stability to the economy and to financial markets after the 1929 crash.

In 1970, economist Milton Friedman penned an article for the *New York Times Magazine* titled “The Social Responsibility of Business is to Increase Profits”. He didn’t specify, by any means necessary, but the machiavellian implication was that profits to shareholders must be the primary value that supplants any amelioration of the corporate destructive tendencies that might interfere with the optimization of those profits. Operating a business with any notion of balancing conditions to all stakeholders was derisively labeled as “socialism”. Friedman modernized the Malthusian globalist view that the corporation has no social contract to the country or the community in which it resides. In essence, the corporation, by this measure, can act as a rogue element out of bounds of both physical, legal and moral constraints. Corporations have grown so powerful by the use of supra-national treaties and interlocking multinational bureaus, that their existence supersedes any legitimacy conferred to them by the nation state of origin. It is global. Under this profits *uber alles* philosophy, the corporation as an entity can eschew any notion of social contract and the actors within the corporate

⁵ [https://en.wikisource.org/wiki/Transcript_of_taped_conversation_between_President_Richard_Nixon_and_John_D._Ehrlichman_\(1971\)_that_led_to_the_HMO_act_of_1973:](https://en.wikisource.org/wiki/Transcript_of_taped_conversation_between_President_Richard_Nixon_and_John_D._Ehrlichman_(1971)_that_led_to_the_HMO_act_of_1973)

structure can then be held harmless for any crimes or disasters against individuals, communities or the environment, as long as the shareholders gain. In this paradigm of belief of being held harmless from the consequence of creating negative externalities and outright criminal behavior, the cost and consequences of any destructive forces are then justifiably transferred to the individuals, state and taxpayers that gave the entity its right to exist. An example of the enormous economic and social cost of this behavior can be highlighted in the vaccine controversy and autism epidemic gripping the United States.

The rate of autism remained fairly stable in the U.S. over decades, being ~1 in 10,000. In 1986 Ronald Reagan signed the National Childhood Vaccine Injury Act which removed vaccine injury from civil tort to a special court under federal jurisdiction. With this massive reduction in liability costs, vaccine manufacturers with the approval of the CDC soon increased the vaccine schedule from 10 to 69 vaccines after the signing of this law. Not only was there an increase in autism from 1 in 10,000 to 1 in 50 over a short 30 year time span, there was a concomitant increase in childhood cancer, allergies and sudden infant death syndrome (SIDS). According to one study, 27% of U.S. children live with chronic diseases.⁶ The projected cost of caring for one child with autism over a lifetime is between 2.5 to 5 million dollars and at the current rate of increase in the syndrome, the total cost of care is projected to reach as high as one trillion dollars by 2025.⁷ The real cost to the nation of this level of childhood infirmity is incalculable.

The neoliberal economic model

An adherence to the neoliberal philosophy of business behavior has had multiple adverse impacts on both individual and public health as well as incredibly negative implications for the nature of the social contract between the government and the citizenry. The government's role is no longer one in which the citizen is afforded even a

⁶ <https://www.focusforhealth.org/chronic-illnesses-and-the-state-of-our-childrens-health/>

⁷ <http://www.naturalblaze.com/2017/04/vaccine-cause-correlation-dramatic-rise-childrens-chronic-diseases.html>

semblance of equal protection under law. Criminal activity masquerading as business by its very nature is a fundamental cost driver of any structure within its sphere of influence. The marketing and use of untested vaccines full of various neurological and immune toxins on the human population is not only a crime against humanity, it is fraud and racketeering as defined by statute. Unfortunately, that is only one issue. The neoliberal economic model has had a profound effect on the increase in externalities that have both a direct and indirect impact on the overall status of the nation's health: social costs (paying less than a living wage--think Walmart); environmental costs (toxic waste, air and water pollution, oil spill); Military costs (corporations using the military for their private agendas, influx of narcotics, disappearance of trillions of dollars into the black hole of the pentagon); subsidies (corporate welfare, bank bailouts, airline bailouts, direct loans, trade protection); tax deductions (tax loopholes, excessive executive salary); infrastructure development (payment for infrastructure disproportionately used by business); and health care costs that can be directly linked to the marketing of harmful products (cigarettes, sugar laden and artery blocking foods, GMOS, foods laden with pesticides, toxic pharmaceutical products). One study found that if the market added health related costs to a pack of cigarettes, the true cost of smoking would be ~ \$40/pack. A United Nations study calculated the cost of pollution and other environmental damage caused by the 3,000 largest publicly held corporations in the world at ~ \$2.2 trillion, or more than one-third of their profits if they were held financially accountable. This list includes greenhouse gas emissions, other pollution, and water degradation. Another WHO (World Health Organization) paper found that the deaths of 1.7 million children annually under the age of 5 was directly linked to this pollution.

The debt based monetary system

In the U.S., another major cost driver of the health care system is the almost universal belief in the debt growth model of development that is the current preferred economic math. This includes not only the way the money supply is created by a private entity that charges interest on an illusion, but also the addition of insurance to the assessment of the GDP. While the debt-growth model has been well defined by others who have made the case for a public money system free of interest fees, it is beyond the scope of

this examination, however, the insurance industry is not. Insurance is an actuarial and bookkeeping function that while necessary, subtracts more than it adds to the productive segment of the health delivery sector. President Nixon's Chief of Staff, H.R. Haldeman was correct in his assessment of the insurance sector as a wealth extractor. The rapid rise in health care costs began its acceleration as HMOs became the dominant insurance model and was aided in this ascent with the passage of the Obama Affordable Care Act in 2010. Both of these plans were pitched to the audience as methods to increase coverage, decrease costs and improve care. That was the public lie proven as such by the fact that they have been massively unsuccessful at meeting the stated targets as the costs continue to escalate at a rate of ~5%/yr and the quality, access to care and outcomes have steadily worsened. The way in which these insurance programs have been immensely successful has been in the generation of a new class of health care pimp, the health insurance CEO, several of whom have become billionaires. This, all along, has been the real, unstated purpose of U.S. "health care reforms."

The allopathic system and industrial sectors as cost drivers

Since the early part of the 20th century, the monopoly of the allopathic system and its reliance on pharmaceuticals and technology to the exclusion of all other more ancient and less costly care models has continued to drive costs. It is a system that has been purposely created to insure that it has repeat customers. In essence, it makes money, not from health, but from disease. Everyday there are headlines in the papers about wonderful breakthroughs in the treatment of multiple diseases all the while more and more people continue to develop cancer, dementia, stress related disorders, cardiovascular and lung disease and renal failure. This is not simply an accident, it is by design. It is a disgrace that the pharmaceutical cartel has a firm grip on the system of care which consists only of the knife, a drug or radiation and has codified into law its monopoly hold on the system. Not only will the system not pay for alternative care models, in many cases (e.g. the use of cannabinoids) has made this care illegal.

A captive and passive population

The critical mass of those who have dedicated time to think or write about this issue have focused almost exclusively on either who will profit and by extension, who and what will not be covered, or alternatively on how the bills will be paid to extend coverage to all. Who and how the bills are paid are canards and although are important are not the starting points for altering the system dynamics to arrive at a workable model. The U.S. still has an economy with sufficient elasticity and production capabilities that can sustain the notion of national sovereignty and by extension, the nation having the right, the ability and the responsibility to create debt free money to finance the commons. Although the Federal Reserve and banking sectors would like to make us believe this is not a viable option, it overlooks the successful use of this strategy as demonstrated with the issuance of the Bradbury pound to avoid a run on British banks in 1914 or with the greenbacks, debt free dollars issued by President Lincoln after the British banks would only agree to lend money to the Civil War effort at the rate of 24-36% interest. If the general health of the people of the nation can be understood as being of a strategic advantage and a public good as well as a human right, then the will to generate a method of payment that does not further deteriorate that health by increased taxation is not only possible, it is mandatory. The system can be paid for to cover everyone, not by increased borrowing from the Federal Reserve and thus increasing taxes, especially in an era of debt deflation, but by creating and spending into circulation debt free Treasury notes.

However, providing universal coverage in a system that is failing is also not going to solve the current dilemma. The allopathic system has its uses, but its failures are an essential part of the problem. It must be remembered that this mode of delivering care was chosen and monopolized by people who were unashamedly eugenicists. Even though it is no longer fashionable to identify with this philosophy, that the system itself is the third leading cause of death by conservative numbers and likely the leading cause of death when the addition of the out of hospital mortality figures are considered, wanting to extend this type of health care to all is outrageous on its merits. A bigger

question, especially to those who are focusing on reorganizing the bookkeeping aspects, is why are so many people trying to save a structure that is clearly moribund and ready to be unplugged from life support? The beneficial effect of extended life spans in those nations who have centralized their bill paying function is not because of more centralization, but in spite of it. The extended life spans in these other nations can be identified as the result of cultural cohesiveness and environmental habits that are long lasting. As American's have ceded more of their freedoms and responsibilities to local and distant bureaucratic priesthods and as they have chosen to wear the mantel of consumer rather than that of citizen, and as their government and deep state have chosen to wage unending wars against perceived enemies, foreign and domestic, they have become more torpid, impotent and apolitical--and far less healthy.

Americans are dying earlier because they have been lured into the Sisyphean cycle of continuous consumption while unwittingly becoming victims of their acceptance of that belief system. They hold sacred the diktats of the central high priesthods--and so if that priesthood says get your child vaccinated with 50 vaccines before the age of 6, they do. If the priesthood says eating GMO and pesticide laden foods is comparable to eating organics, then they do without question. If the priesthood says Zika carrying mosquitoes are a problem, they allow themselves to be sprayed with toxic chemicals and after years of chemtrail spraying, most still don't recognize the difference between a cloudy sky and their daily dose of aluminum and barium raining down from the heavens. If the priesthood neglects to mention the harmful effects of power lines or cell phone towers or cell phones or smart meters, they allow their schools and homes to be placed next to these structures and give cell phones to their 10 year olds. If the priesthood says that chemotherapy is the only approved method of cancer treatment even though it has less than a 3% improvement in overall 5 year survival rate⁸, they line up in desperation to lose their hair and bone marrow. The examples of this universal fraud and passive behavior in the face of the fraud are unending--which is why the system itself could be indicted for mass murder. It does not work. The insurance issue is a symptom, it is not

⁸ Morgan, et al., (2004), "The contribution of cytotoxic chemotherapy to 5 year survival in adult malignancies", *Clinical Onc*; 16: 549-560

causative. Simply changing how we pay for care and hoping for a better outcome is never going to solve the problem.

Is Universal Health Care Alone the Answer?--a French Perspective

Several years ago I visited an American friend who has been a long time resident of France. He and his wife have a plot of land in a rural area. Just before my visit, he had sustained a fall, broken his femur and had what should have been corrective and rather straight forward orthopedic surgery. When I arrived, several weeks after the incident, he was still in excruciating pain, eating opioids like candy, mostly spending his days in a hospital bed and could barely take himself to the bathroom. He kept his most recent x-ray of his joint, pending my arrival. This film had not been ordered by his orthopedic surgeon, but my friend had obtained it because of the persistent pain and immobility and reassurances by his treating physician that this pain was “normal”. Clearly, his surgeon had either not done or not looked carefully at a post op x-ray. It was a horror show and an easy enough diagnosis that it could have been made by a medical student. The orthopedic surgeon, while pinning the fracture, had neglected to reinsert the dislocated femur head back into its socket! Five years, three additional surgeries, two withdrawals from opiate pain medicine, long term nerve damage and a host of other complications, including never being able to walk well and without pain again, he is finally beginning to resume some semblance of his new normality.

France has universal health care. Everybody is covered. It is not the coverage that is the issue, it is the quality of the care. Suing a doctor for malpractice in this system is useless for compensation for either pain and suffering or lost income. The system is protocol driven and physicians can easily lose their license for practicing the art of medicine off protocol. However, following protocols and by doing so, the patient is harmed or killed, the doctor has met the community standard of care and is held harmless. While this bears a striking resemblance to medieval thinking, this is the accepted state of affairs. There is no recourse to be made whole. In this system, there is little room for innovation. People in France are living longer than people in the U.S., not because of the health care system, but in spite of it. Clearly, there are factors that

contribute to the health of a people that are other than what happens in the doctor's clinic or hospital.

It has been well understood as well as documented with statistical validation that the state of physical and mental well being and the overall health of a society is the result of cultural stability and cohesiveness that brings a sense of well being as well as structural improvements in environmental conditions. In the early part of the 20th century in the United States when improvements in income, basic infrastructure, housing, food and education were advancing it was noted that these factors directly contributed to a significant drop in infectious diseases and overall morbidity and mortality. This was well before the introduction of either antibiotics or the current vaccine mania. That all of these processes are now in decline and vaccines are on the rise are having a direct impact on the decline in longevity, which has become especially noted among the white working class who historically have been the group to benefit most from these improvements. The system, as it is currently configured cannot be saved. It must be completely reconfigured from top to bottom.

Using a systems analysis approach, the following items, not necessarily listed in order of emergency triage must be addressed. It is estimated that a reconfiguration would take from 5-10 years to implement.

1. Payment--the insurance sector is the middleman, an actuary and a bookkeeper and these functions while important are not central to direct care and management. As ancillary services and with computer capability, these services can be decreased significantly and decentralized into a single payer system similar to medicare, but on a state by state basis. While there has been waste, abuse and fraud in the medicare system, it cannot compare to the hidden wealth transfer mechanisms and fraud plagued private insurance sector. Overhead medicare costs have averaged 2% v 17% of revenue for the private sector. The added costs of covering the entire population and change over can be met with debt free dollars and savings from reduced cost of care as will be outlined in the following suggestions.

2. Care modalities must be open to other disciplines than allopathy, provided that their practitioners can demonstrate appropriate skill sets. All of these disciplines should have an understanding of anatomy, physiology and the role of nutrition in health. This may include, but is not limited to naturopaths, homeopaths, osteopaths, chiropractic, traditional Chinese medicine, herbalists, Ayurvedic medicine, etc. Patients must be given informed choice and allowed to choose the therapeutic approach that best suits both their needs and their philosophy. Each discipline must have a fundamental knowledge of the methods and limitations of other therapeutic modalities. This will ultimately reduce both the costs of pharmaceutical drugs and hospital admissions as patients are given the option of diet, natural remedies and life style changes as a first modality of therapy.
3. The CDC, FDA, NIH and other associated oversight and research agencies should be either abandoned or restructured to serve the needs of evaluating all methods of healing rather than as taxpayer supported arms of the private allopathic pharmaceutical industry. Further testing and clinical trials must be undertaken for substances whether natural or patentable that have shown promise for reversing cancer and other chronic and costly diseases. The Congressional Office of Technology Assessment or a similar agency should be reinstated as an oversight arm of these agencies to reduce the introduction of technologies that incur extra costs but add nothing to the quality and outcomes of patient care. Foods and herbs that have been shown over time to have healing properties must not be labeled as drugs and be required to go through the absurdity of the same FDA testing as that required for chemical products.
4. Pharmaceutical and medical device companies and their executives must be held directly responsible for withholding information from the public about the harm of their drugs, vaccines and technologies. Vaccine litigation must be removed from the Office of Special Masters of the U.S. Court of Federal Claims and placed back into tort law. A cost analysis must be made for not only vaccine damaged children, but other medicines that have injured or damaged patients and these costs should be directly borne by the pharmaceutical companies and not the taxpayers. Business owners such as the Sackler family who run Purdue Pharmaceuticals, makers of the highly

addictive drug, OxyContin, should be held to the same criminal statutes as Pablo Escobar. The Obama administration was calling for ~1 billion dollars to deal with the opioid epidemic. The costs should be borne by the companies who make and have greatly profited from these drugs by promotion as pain alternatives for almost every inflammatory ailment. The aggressive promotion and marketing of these products for off brand uses has been shown to have directly contributed to the rising U.S. opioid epidemic. Opioids are now the leading cause of death for Americans under the age of 50. The government agencies (CIA, ATF, FBI, military and local police, etc.) as well as the banking sectors known to be involved in drug running and money laundering contributing to this epidemic must be exposed and brought to justice including asset seizure as is the case for private individuals. Known government agents such as Oliver North of Iran Contra fame, who are caught acting in the drug trade are not to be given amnesty over the false notion of maintaining national defense or security. It is guaranteed that if these activities of the deep state continue to go unchecked, the empire will continue its slow death spiral into historical oblivion and more Americans will continue to die by this scourge. The drug war has been so successful for the FIRE sector that during the 2008 global financial crisis, Antonio Maria Costa, head of the UN office on Drugs and Crime noted that he had seen evidence that the proceeds of organized crime were “the only liquid investment capital” available to some banks that were on the brink of collapse and that the majority of the drug profits (\$352 bn) was absorbed into the economic system.

5. There has to be a stop to the use of taxpayer funds and to the giving of tax loopholes to “venture philanthropies” that subsidize big Pharma. The 1980 Bayh Dole Act which allows publicly funded universities to profit by selling exclusive licenses on their research to private corporations needs to be reversed.^{9,10} What is paid for by public money, stays in the public domain--this item alone will greatly reduced the cost of both medicines and medical technologies. Advertisements for pharmaceutical drugs must be removed from television.

⁹ <https://www.nytimes.com/2015/01/06/opinion/stop-subsidizing-big-pharma.html>

¹⁰ <http://medcitynews.com/2015/01/pros-cons-venture-philanthropy/>

6. Government support for preferred agricultural systems must be reassessed. Corn is a highly subsidized system. Much of it goes to the production of the health damaging high fructose corn syrup and to animal feed. While the average midwest cornfield can potentially yield more than 15 million calories/acre/year which is enough to sustain 14 people/acre on a 3000 calorie per day diet, as it is currently allocated to other products, the dietary intake yield is reduced to 3 million food calories/acre/yr.-- only enough to sustain 3 people/acre--which is lower than the average food delivery of food calories from farms in Bangladesh, Egypt and Vietnam.¹¹ Further it consumes land, and water resources and pollutes fresh water and has left a large dead zone in the Gulf of Mexico from fertilizer run off. U.S. crop subsidies to corn totaled roughly \$90 billion between 1995 and 2010—not including ethanol subsidies and mandates, which helped drive up the price of corn.¹² In addition to environmental destruction, the destabilization to ecosystems from repeated growth of monocultures and fertilizers as well as tax subsidies to big Agra, there is the additional cost of the health damaging effects of GMOs and the pesticides used to support their growth.¹³ It is time to rethink and revamp the agricultural system in a way that not only promotes the health and well being of the population, but long term economic health from improved eco-systems.
7. The cost of medical education can be reduced by the re-instatement of programs similar to the military in which allopathic doctors and other health care practitioners who will volunteer to spend 4 or more years in underserved areas can have their tuition dismissed for every year they remain in one of these areas. This satisfies two problems: reducing the cost of education and allocating physicians/practitioners to underserved areas. These programs were phased out as part of the neo-liberal revolution that began with the Reagan administration. It is time to phase them back in.

¹¹ Foley, J, "It's time to rethink America's corn system", *Scientific American*; 5 March 2013

¹² Ibid

¹³ <http://www.gmoseralini.org/en/> downloaded 29 March 2017

8. Nutrition, health education, home economics and home gardening can be returned as courses in the public schools and candy and soda machines should be removed. By reducing the currently required vaccine loads and by the institution of universal prenatal care the cost of premature infant care, autism and chronic childhood allergies and infections can bring about considerably reduced costs as well as better U.S. infant mortality rates. The U.S. could learn from the Finnish model which prior to the 1930s had a very high infant mortality rate of 65/1000 live births (It is now 2.3/1000--U.S.6.5/1000). The Finnish government began to gift pregnant women with baby starter kits that consisted of infant clothes and a sleeping box if they began their prenatal care before the 4th month.¹⁴ This tradition continues today and if instituted in the U.S could be the impetus to reduce the high prematurity rate among low income individuals.
9. Decentralization of care to local communities. Just as no two patients are exactly alike, neither are any two communities which means that although a payment system can be centralized on a state wide basis, a care system cannot. Once the type of care modules are made available to communities and enough practitioners are trained, practitioners can choose communities and communities can begin to chose those services that best suit their needs based on community demographics. Also, once the Office of Technology Assessment is able to evaluate best new methods and technologies, this will continue to decrease costs.
10. Personal responsibility--from the top down--no more free passes for government agents and corporate executives who violate the law. If the government is going to continuously support the Racketeering of the corporate/banking sector, there will be no societal improvements. Although election reform is beyond the scope of this evaluation, there can be no fair government oversight without major changes in money in the political system. Obama passed a health care bill that was nothing more than a new tax and a gift to not only the IRS, but the insurance and pharmaceutical sectors. While the change president brought no relief to home owners during the 2008 economic crisis, he and his attorney general neglected to prosecute their friends

¹⁴ <http://www.bbc.com/news/magazine-22751415> downloaded 29 March 2017

and donors in the crime plagued banking sector which has left the country in a precarious economic state--bringing more stress to the beleaguered and shrinking middle class. One of President Obama's last acts was the signing of the 21st Century Cures Act which virtually eliminates the requirement for informed consent.

There is a profound difference between truth and reconciliation and justice. Truth and reconciliation will not rebalance the economic and social order. This was demonstrated in South Africa which continues to be plagued with the same economic apartheid minus the social apartheid system. Until there is both economic and social justice there will be no viable health care reform--so those who think the so called "free market" will stem the tide of run away costs or those who simply think extending a moribund system to all will do the trick--dream on.