

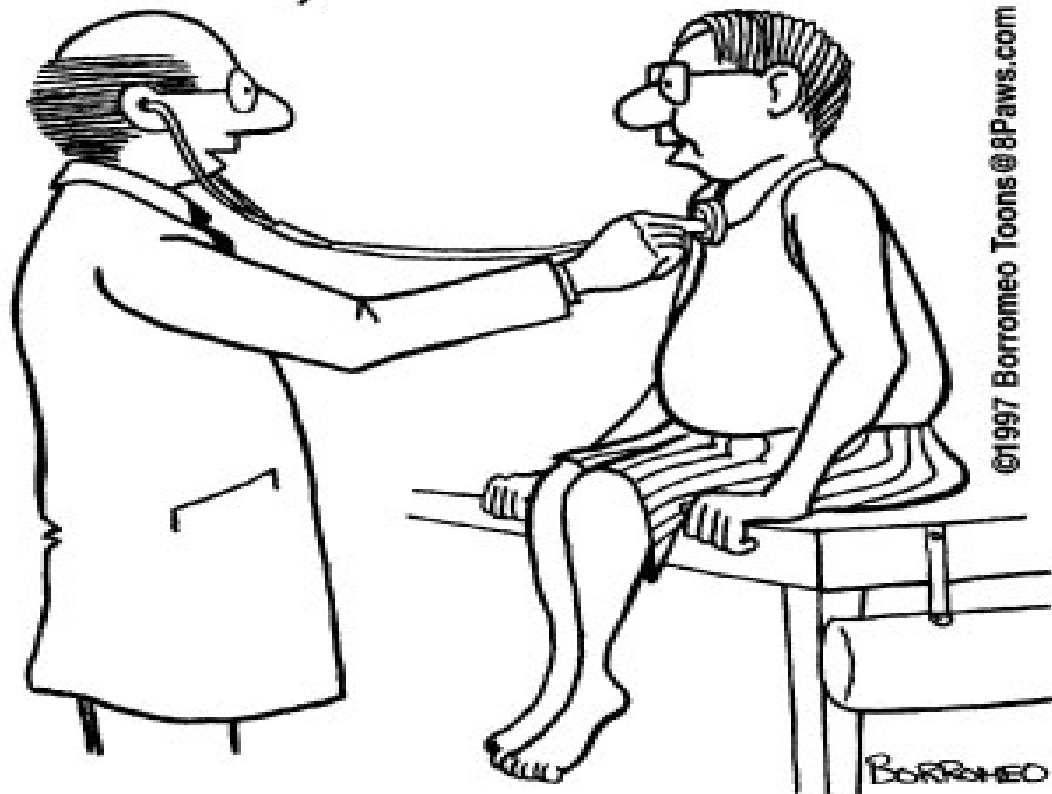
Health Care Systems

Paul Watson, MD

Retired

ACTUALLY, I'M NOT
A DOCTOR... I'M
THE HEALTH-CARE
ADMINISTRATOR.

THAT'S OKAY. I'M
NOT THE PATIENT...
I'M HIS ATTORNEY.



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Tobacco Smoke Enema (1750s-1810s)

The tobacco enema was used to infuse tobacco smoke into a patient's rectum for various medical purposes, primarily the resuscitation of drowning victims. A rectal tube inserted into the anus was connected to a fumigator and bellows that forced the smoke towards the rectum. The warmth of the smoke was thought to promote respiration, but doubts about the credibility of tobacco enemas led to the popular phrase "blow smoke up one's ass."

MYTH #1

EVERYTHING

HAS A

SOLUTION

DISCLOSURES

98%



What is a Veteran

A **'Veteran'** — whether active duty, discharged, retired, or reserve — is someone who, at one point in his life, wrote a blank check made payable to **"The United States of America,"** for an amount of **"up to, and including his life."**

American College of Pathology



What to Expect

- **HISTORY OF HEALTH CARE FUNDING IN USA**
- **HEALTH CARE SYSTEMS AROUND THE WORLD**
- **OPTIONS FOR THE FUTURE**

DEFINITIONS

**INSURANCE – system to indemnify
against loss or harm against
specified contingencies in
consideration of payment
proportional to risk**

MYTH #2

George Orwell was a lexicographer

NEWSPEAK

ENTITLEMENT

Favorite Political Quote #1

“There’s not a dime’s worth of difference between the Democrat and Republican Parties”

Alabama Governor George Wallace

candidate for President 1968

100%

Favorite Political Quote #1

“There’s not a dime’s worth of difference between the Democrat and Republican Parties”

Democrats want to give the dime away

Republicans want people to earn it

DEFINITIONS

RIGHT –

**Dictionary.com has 62 different
definitions**

John Locke in
“The Second Treatise on Government”

“no one ought to harm another in his life, HEALTH,
liberty or possessions”

96%



"If you're happy and you know it, stick with your dosage."

History of Health Insurance

1789 – US Marine Hospital

1847 – The Massachusetts Health Insurance
Company

1849 – New York passes first general insurance
law

History of Health Insurance

1853 La Societe Francaise de Bienfaisance
Mutuelle establish prpaid hospital plan

1863 The Travelers Insurance Company of
Hartford – insurance for train mishaps

1870's Railroad, mining and other industries
provide company docotrs

History of Health Insurance

1877 Granite Cutters Union – first national sick benefit

1910 Montgomery Ward –one of earliest group insurance contracts

1910's physician and industrial health plans in Northwest

History of Health Insurance

1912 National Convention of Insurance
Commissioners – first model state law

1913 International Ladies Garment Workers
Union – first union medical services

1915 – 1920's efforts to establish compulsory
health programs fail in 16 states

History of Health Insurance

1919 – Schoolteachers arrange for services at Baylor Hospital, Dallas

1929 – Actual Blue Cross plan establish in Dallas

1937 – Blue Cross Commission established

History of Health Insurance

1939 – Revenue Act of 1939 (Sec 104) –
establishes tax exclusion for workers comp

1943 – War Labor Board – wage freeze does not
apply to fringe benefits

1945 – Kaiser Health Plan opens to non-Kaiser
groups

History of Health Insurance

1948 – McCarran Ferguson Act – gives states broad power to regulate insurance

1949 – Supreme Court upholds NLRB ruling that benefits are subject to collective bargaining

1954 Revenue Act (Sec 106) excludes from taxation employer's contributions

History of Health Insurance

1965 – Medicare and Medicaid passed as Title XVIII and XIX of Social Security Act

1968 – Firestone Tire and Rubber Co begins to self-fund health benefits

1973 – Health Maintenance Organization Act establishes federal qualifications

History of Health Insurance

1974 Employee Retirement Income Act (ERISA)
uniform standards for employee benefit plans

1978 Pregnancy Discrimination Act of Civil
Rights Act – pregnancy same as medical cond

1984- Deficit Reduction Act effects VEBAs and
makes Medicare secondary for workers

History of Health Insurance

1986 – COBRA for 20 or more employees

1996 – HIPPA federal standards; standard electronic formats; privacy; pilot MSAs

1996 – Mental Health Parity Act –requires mental health benefits

History of Health Insurance

1996 – Newborns' and Mothers Health Protection Act

1997 – Balanced Budget Act – creates Medicare+Choice and CHIP

1998 – Omnibus Consolidated and Emerg Suppl Approp Act – coverage for reconstruction

History of Health Insurance

1999 – Financial Services Modernization Act –
restricts disclosure of nonpublic fin info

2000 – Electronic Signature in Global and
National Commerce Act

2001 – Consolidated Appropriations Act –
extends MSA program

History of Health Insurance

2010 - Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act -

or Obamacare



Blue Cross
Blue Shield

Blue Cross – the Rest of the Story

1919 – Teachers in Dallas

1929 – JF Kimball – hired by Baylor University to
“shore up the shaky finances of University
Hospital”

Blue Cross – the Rest of the Story

Early Brochure –

“Baylor uses not sales agency or middlemen, but prefers to deal directly with each group so that all group hospitalization fees paid may be used for hospital care of members and not for any personal profit.”

Blue Cross – the Rest of the Story

- Original plan provided teachers 21 days of hospital care for \$6 per year
- Texas Department of Insurance viewed plan NOT as insurance, but “group contract for the sale of services”

Blue Cross – the Rest of the Story

It was a “godsend to thousands”

408 employee groups in 5 years

A 501 (c)(4) “social welfare” organization

Blue Cross – the Rest of the Story

UNFAIR

1987 a new tax category

Blue Cross – the Rest of the Story

1994 – licensees could convert to a FOR-PROFIT status and DISTRIBUTE EARNINGS to those exercise CONTROLL over the COMPANY

Blue Cross – the Rest of the Story

1996 Texas BC BS proposed to merge with Health Care Service Company – a mutual insurance company that could become FOR-PROFIT by a vote of a majority of its Board

Merger took place in 2005

Blue Cross – the Rest of the Story

1998 HCSC plead GUILTY to Medicare FRAUD

Blue Cross – the Rest of the Story

www.yourhealthdollar.org

Don't forget to look at New York

MYTH 3

Corporations pay taxes

MYTH 3

Corporations pay taxes

Corporations Do NOT pay taxes

People Pay Taxes

MYTH 4

THERE IS A SANTA CLAUS

MYTH 4a

Regardless of what the Baltimore Sun told Virginia –

THERE IS NO SANTA CLAUS

Especially the kind that brings goodies

MYTH 5

LUNCHES ARE FREE

As well as contraceptives

**If you believe this see me about some ocean
front property in Arizona**

www.FairTax.org

FairTax

The Best way to bring
POWER back to We the
People is for We the
People to take back the
PURSE

Now a word about Medicare

Once upon a time

What do these have in common?

Medicare

Medicaid

Social Security

United States Postal Service

Amtrak

Fannie May

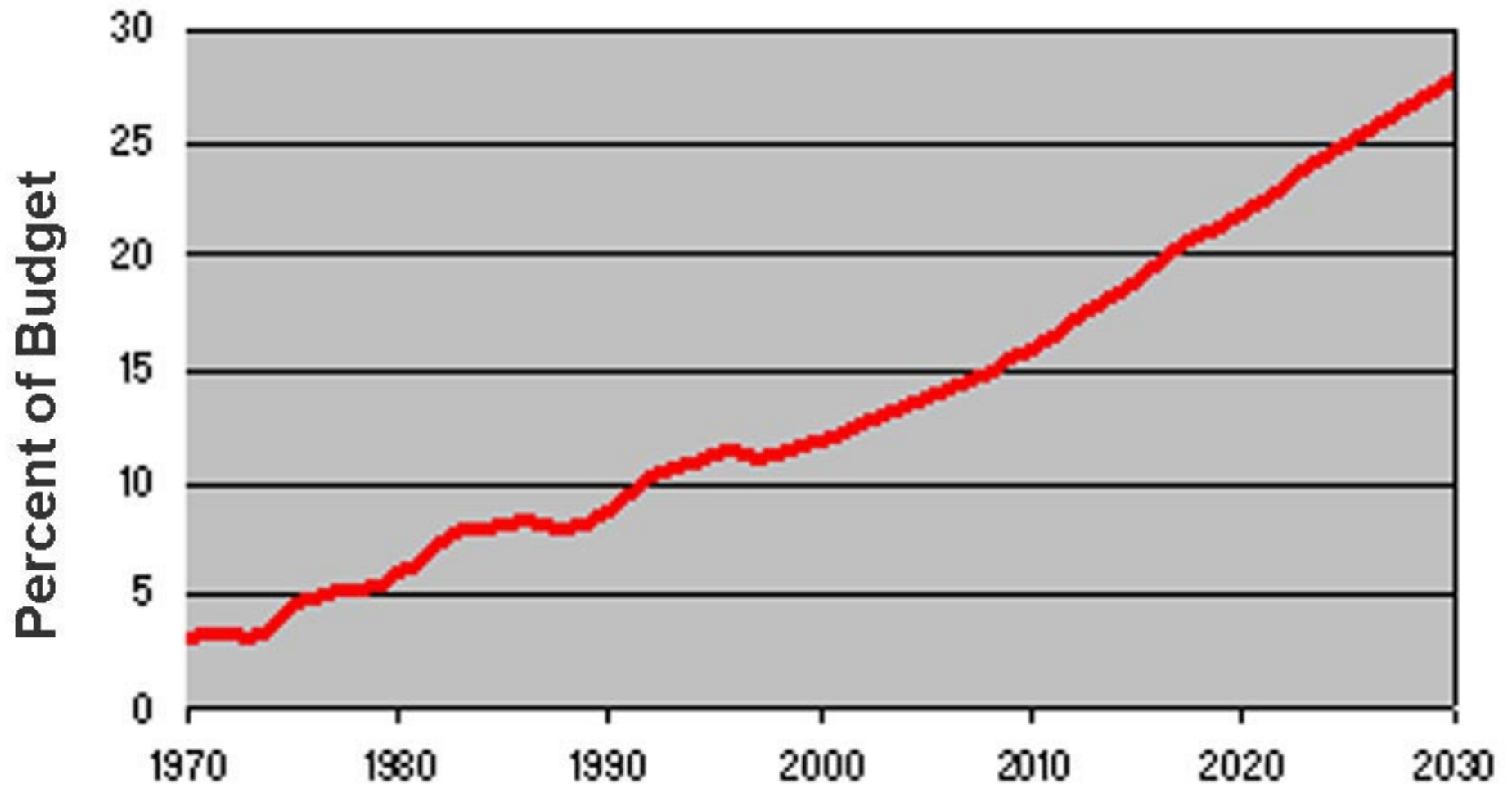
Freddie Mac

1965 PROJECTIONS

FOR MEDICARE for 1990

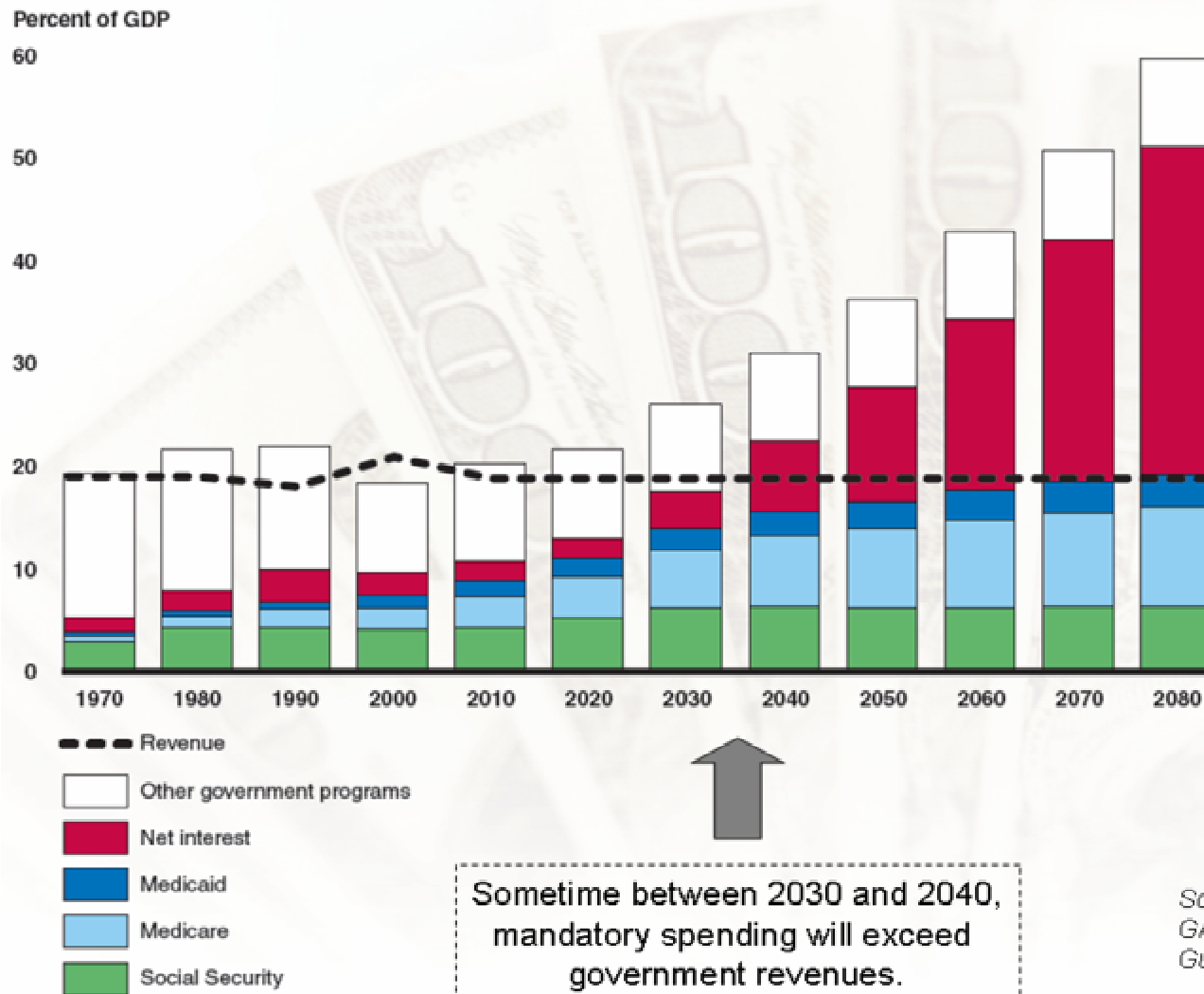
PROJECTED COSTS	9 BILLION
ACTUAL COSTS	108 BILLION

Medicare Growth Pressures Federal Budget



Source: Congressional Budget Office / National Medicare Commission

The Risks of Growing Entitlement Spending



Source:
GAO Citizen's
Guide 2007

Fewer Workers Per Retiree to Fund Medicare



Source: Health Care Financing Administration

Summary of 2011 Annual Report

Conclusion

Projected long-run program costs for both Medicare and Social Security are not sustainable under currently scheduled financing, and will require legislative corrections if disruptive consequences for beneficiaries and taxpayers are to be avoided.

Summary of 2011 Annual Report

Conclusion od Conclusion

The financial challenges facing Social Security and Medicare should be addressed soon. If action is taken sooner rather than later, more options and more time will be available to phase in changes so that those affected can adequately prepare.

Signed – The Trustees

Who are the Trustees?

Timothy F. Geithner, Secretary of the Treasury,
and Managing Trustee

Hilda L. Solis, Secretary of Labor, and Trustee

Kathleen Sebelius, Secretary of Health and
Human Services, and Trustee

Michael J. Astrue, Commissioner of Social
Security, and Trustee

- And several other names which I did not recognize



VA MISSION

President Lincoln's promise “To care for him who shall have borne the battle, and for his widow, and his orphan” by serving and honoring the men and women who are America’s veterans.



Welcome to the
VA Gulf Coast Veterans Health Care System

VHA 1995 - 2000

Implemented universal primary care

Closed 55% of beds

Increased patients treated 24%

Increased out patients visits 48%

Decreased staffing 12% - 10,000 employees

Maintained same patient / day costs

Bottom line

**Governmental organizations, at least in
medicine and driver license offices are not
the most efficient enterprises.**

Personal Experience

99.7%

Dr Frances Murphy, Undersecretary of Veterans Affairs

“Government likes to begin things, to declare grand new programs and causes. But good beginnings are not the measure of success, in government or any other pursuit. What matters in the end is completion. Performance. Results. Not just making promises.”

MYTH

The US has a bad Health Care System

Beauty is in the eye of the beholder.

or

There is always more than meets the eye.

**Any system giving away
freebies without limit but
with limited resource has
only a few options.**

MYTH

The Grass is Always Greener

HEALTH
REPORT
2000

*Health Systems:
Improving Performance*

Table 1
WHO Health Care Rankings

Country	Rank	Country	Rank
France	1	Switzerland	20
Italy	2	Belgium	21
San Marino	3	Colombia	22
Andorra	4	Sweden	23
Malta	5	Cyprus	24
Singapore	6	Germany	25
Spain	7	Saudi Arabia	26
Oman	8	United Arab Emirates	27
Austria	9	Israel	28
Japan	10	Morocco	29
Norway	11	Canada	30
Portugal	12	Finland	31
Monaco	13	Australia	32
Greece	14	Chile	33
Iceland	15	Denmark	34
Luxemburg	16	Dominica	35
Netherlands	17	Costa Rica	36
United Kingdom	18	United States	37
Ireland	19	Slovenia	38

Source: World Health Organization, "The World Health Report 2000" (Geneva: WHO, 2000).

WHO LIST

OA overall attainment

OP overall performance

WHO LIST

	OP	OA
France	1	6
Canada	30	7
United States	37	15

WHO LIST

Health Level – 25%

Health Distribution – 25%

Responsiveness – 12.5%

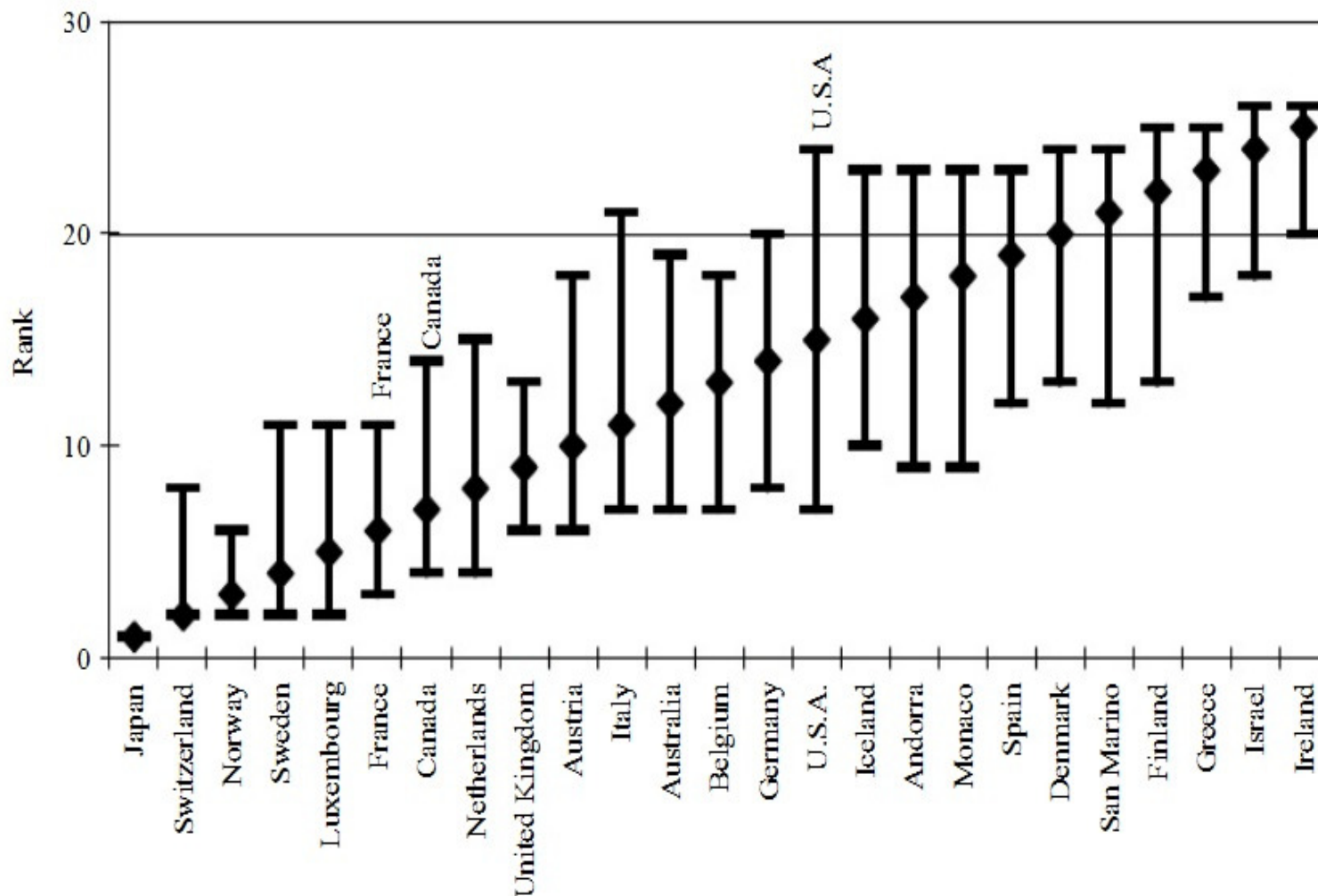
Responsiveness Distribution – 12.5%

Financial Fairness – 25%

WHO LIST

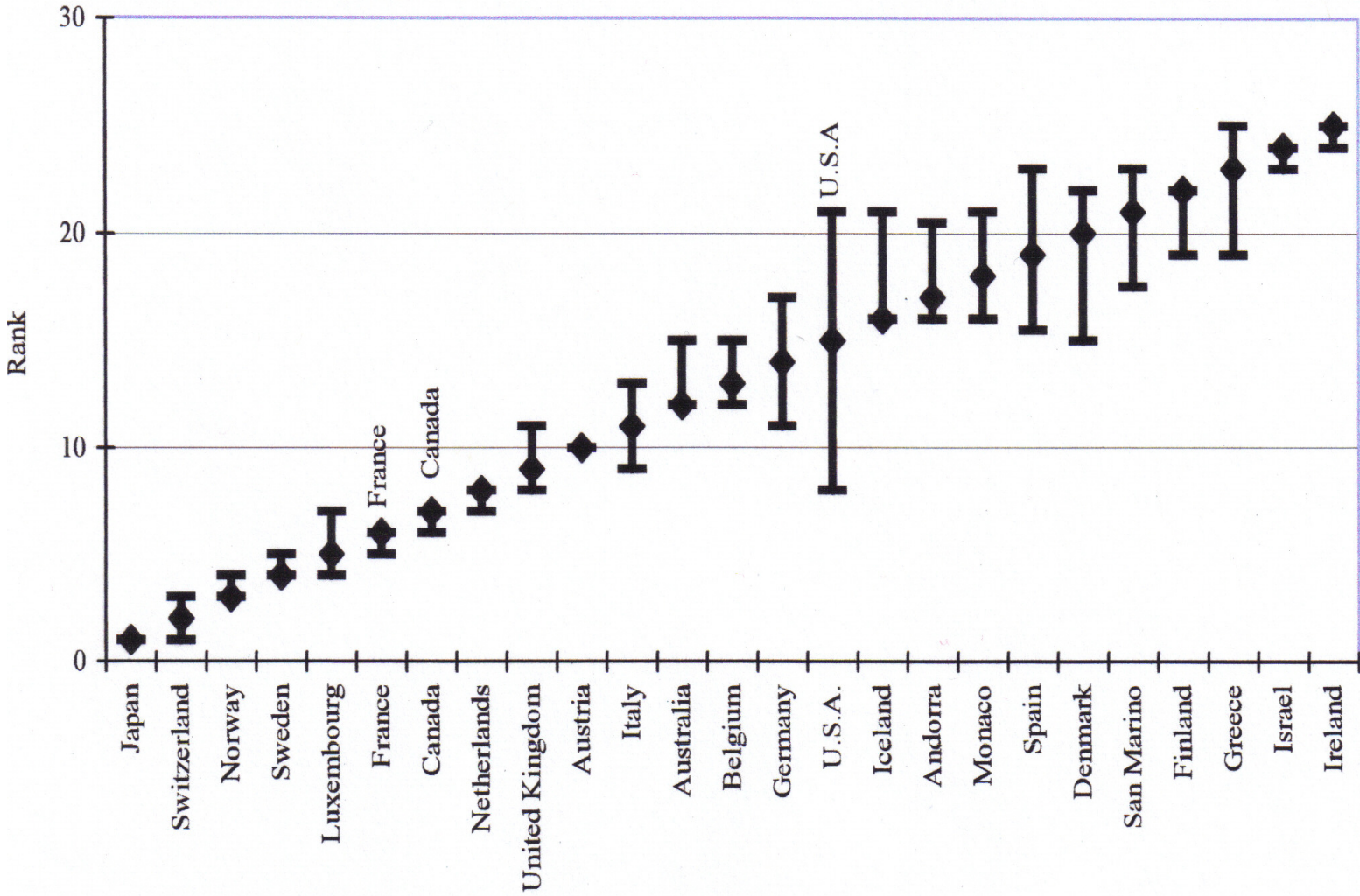
	OP	OA
United States	37	15
Costa Rica	36	45

Figure 1
Uncertainty Intervals of OA-Based Ranks



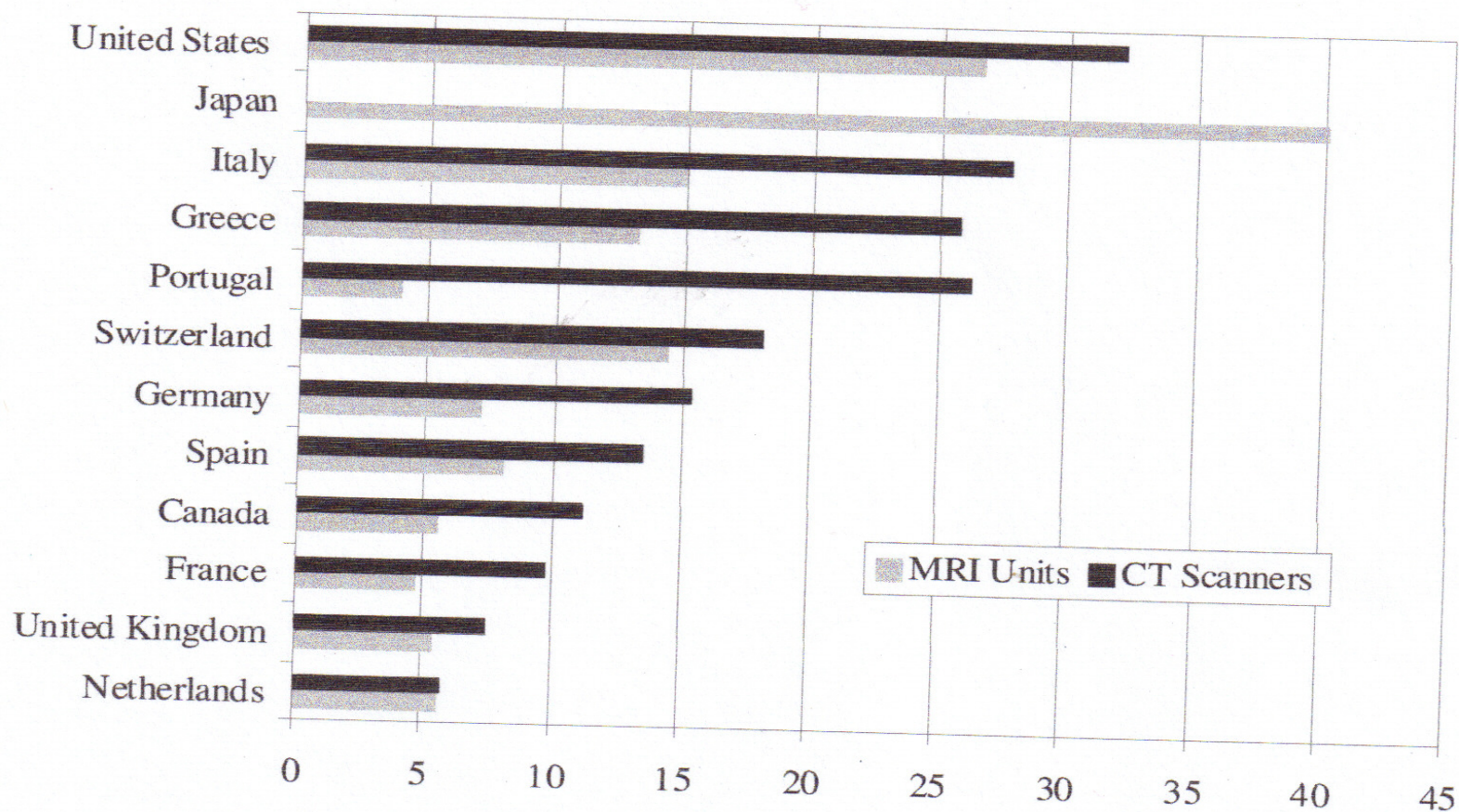
Source: Christopher J. L. Murray et al., "Overall Health System Achievement for 191 Countries," Global Programme on Evidence for Health Policy Discussion Paper Series no. 28 (Geneva: WHO, undated), p. 8.

Sensitivity Intervals for OA-Based Ranks



Source: Source: Christopher J. L. Murray et al., "Overall Health System Achievement for 191 Countries," Global Programme on Evidence for Health Policy Discussion Paper Series no. 28 (Geneva: WHO, undated), p. 8.

Number of MRI Units and CT Scanners per Million People



Source: Organisation for Co-operation and Development, "OECD Health Data, 2007 Statistics and Indicators for 30 Countries" (Paris: OECD, July 2007).

Note: U.S. Data from 2003.

Disability as % of GDP

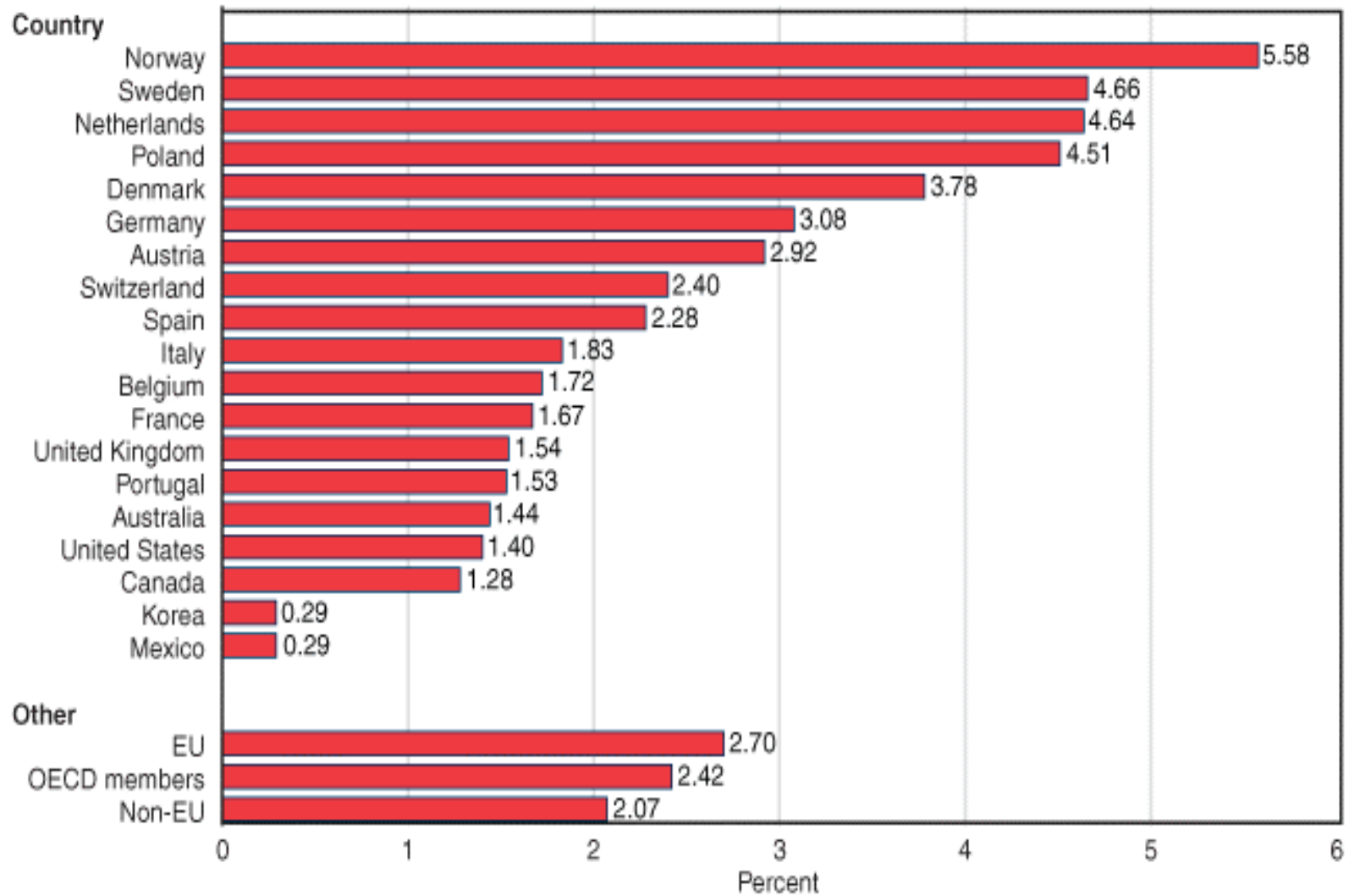
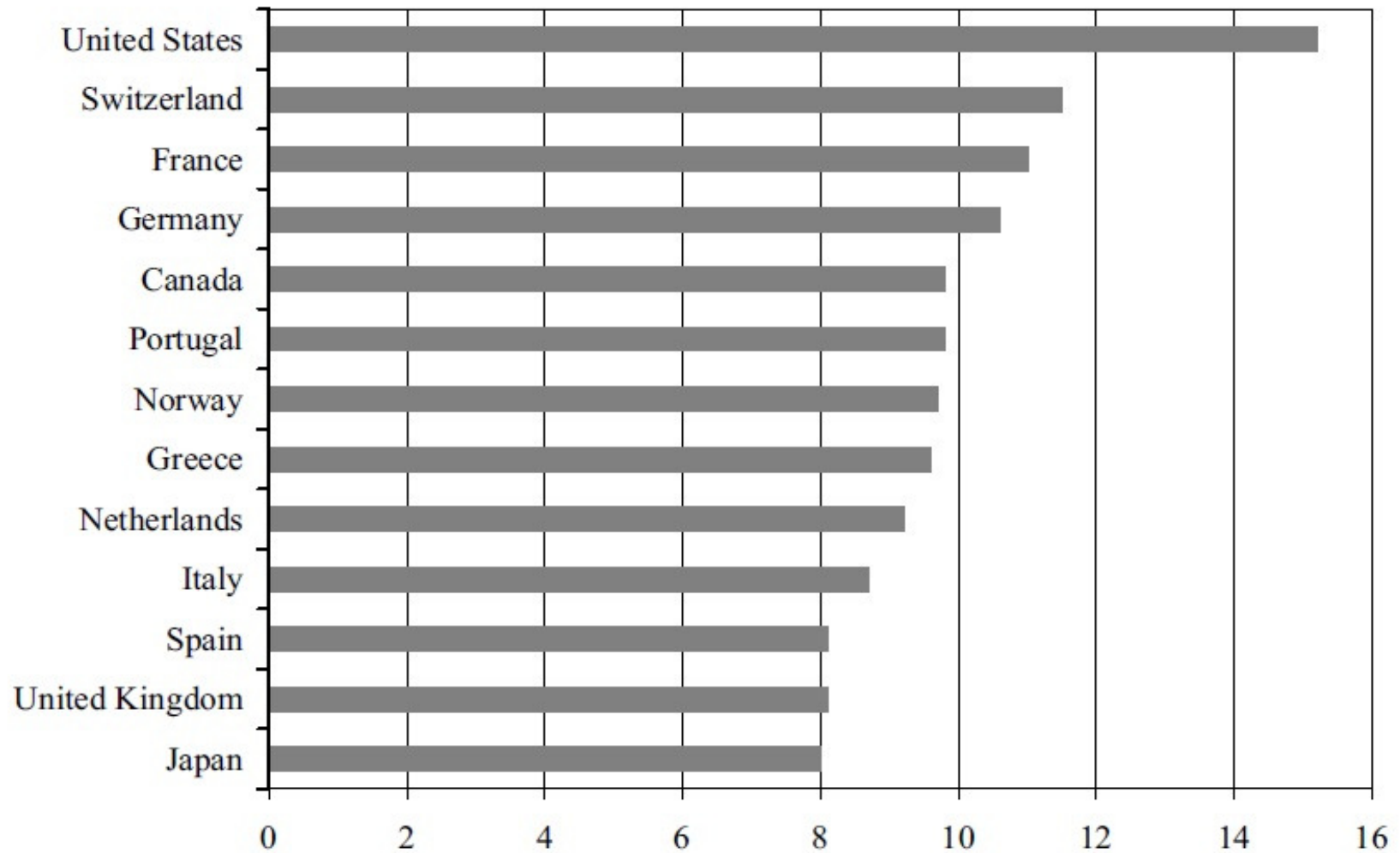
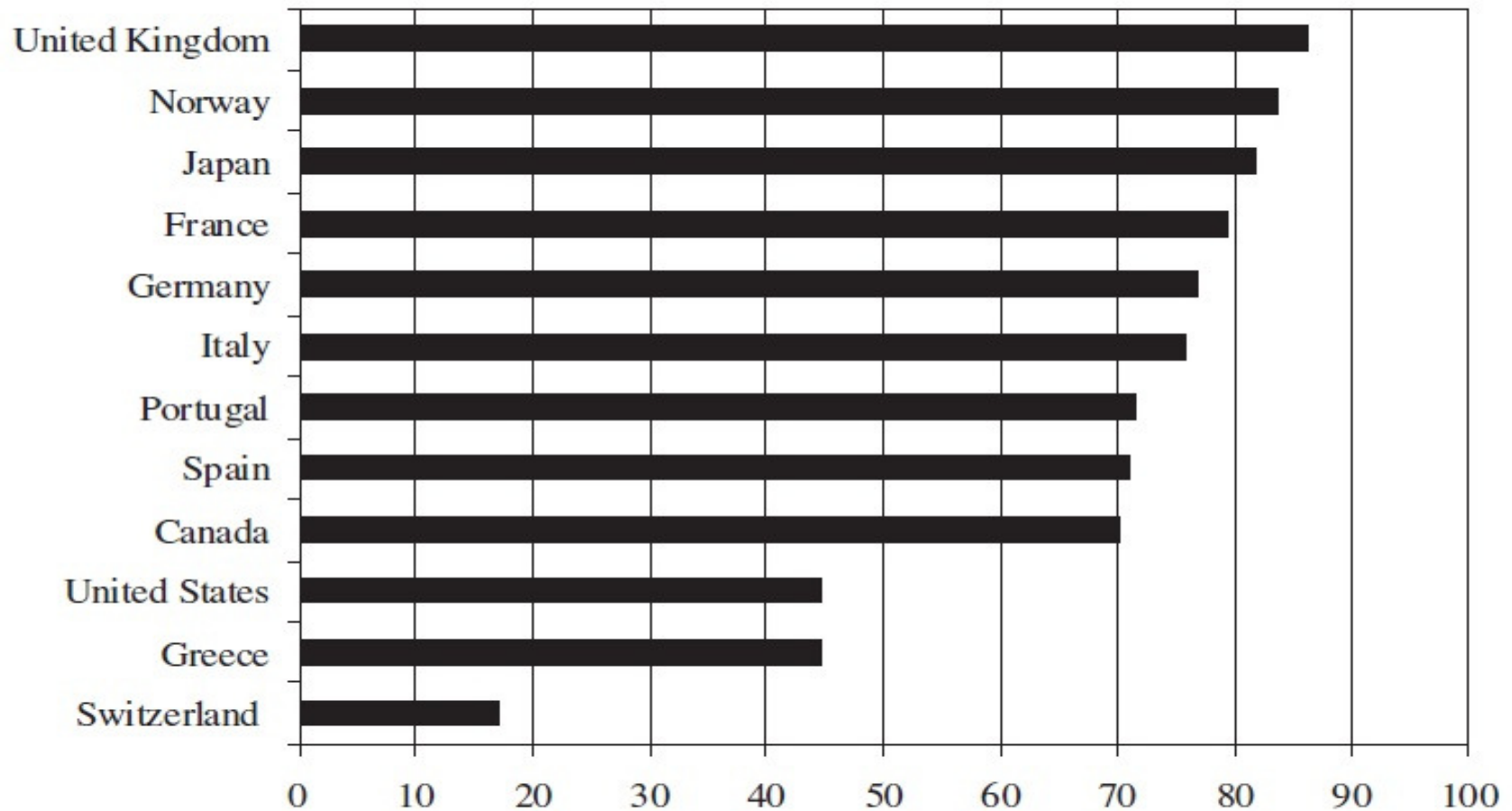


Figure 1
Total Expenditure on Health Care as a Percentage of GDP



Source: Organisation for Economic Co-operation and Development, "OECD Health Data 2007: Statistics and Indicators for 30 Countries," (Paris: OECD, July 2007); 2004 data.

Figure 3
Percentage of Total Health Spending Paid by Government



Source: OECD, "OECD Health Data 2007: Statistics and Indicators for 30 Countries." Organisation for Economic Co-operation and Development, July 2007; 2004 data.

Note: Switzerland excludes mandatory insurance premiums.

DISPARITY

LIFE EXPECTANCY

Nevada	75.9 yrs
Utah	78.7 yrs

INFANT MORTALITY

Survival of low birth weight infants

Higher incidence of death

LBW infants counted?

Abortion ?

5 yr LIFE EXPECTANCY

	Men	Women
United States	62.9 %	66.3%
Iceland	61.8	
Sweden		60.3
Italy	59.7	49.8
Spain	59	49.5
Great Britian	44.8	52.7

Lancet

US MEDICAL ADVANCES

18 of last 25 Nobel Prizes

80% of Medical Advances in last 30 years

STATIN utilization

-- of those who could benefit

44% American

26% Germans

23% Britons

17% Italians

Most Recent Anti-psychotic Meds

60% Americans

20% Spanish

10% Germans

Does US have too much technology?

Research vs products

Where do the doctors go?

HEALTH CARE REFORM

Hippocratic Oath

First do no harm

JOURNAL ARTICLES

CHEST X RAYS

Before

After

By date

Good

Bad

By DeBakey

Bad

Good

TYPES OF HEALTH CARE SYSTEMS

Employment based

Central single payer

Managed competition

FRANCE

“Closest thing to model structure out there”

Occupational insurance based

Main fund – 83%

Self employed

Agricultural workers

Miners

Transportation workers

Artists

Clergy

Notaries Public

FRANCE

99% coverage

Third most expensive – US – Switzerland

18.8% tax – still not sufficient

Co-pays 10 – 40% to 13% out of pocket costs

92% purchase supplemental insurance

FRANCE

Doctors

may charge more than reimbursement

1/3 do - in Paris 80% do

1 – medical school is free

2 – legal system is tort adverse

3 – total number of docs is limited

FRANCE

Poll – highest level of satisfaction in Europe

By 3 to 1

French social character believe quality of care they receive is less important than everyone having equal access to that care

ITALY

Rated SECOND by WHO

Similar to Britain – but less centralized

- crippling bureaucracy
- mismanagement
- general disorganization
- spiraling costs
- long waiting lists

ITALY

Central government “essentials of care”

Regional governments have autonomous budgets and distributes resources

Inpatient and primary care free

Diagnostic procedures, specialists, drugs require copayments

Exempt elderly, pregnant women, children

ITALY

Dissatisfaction high – maybe second in Europe

Docs – paid on capitation or salary

Private insurance – 10%

but 35% use some private health services

Lombardy and example of better care

SPAIN

98.7% coverage – highly decentralized

Excludes OP mental health and cosmetic surgery

Block Grants – resulting variations

hospital beds 4.5 / 1000 to 2.8

waiting time – up to 140 days

Docs – civil service

60% satisfied – next to France

JAPAN

Mandatory employment based insurance
2,000 private and 3,000 governmental units

shortfalls in financing

Elderly beginning to escalate with corresponding
costs

Government sets fees – same for IP or OP

Corruption is serious related to fees

JAPAN

Assembly line medicine

2/3 spend less than 10 minutes

18% spend less than 3 minutes

Costs controlled –outside factors

healthy lifestyle

low vehicle accident rates

low crime rates

low drug abuse rates and

other cultural factors.

NORWAY

Universal tax funded single payer

Consumes 45% of GDP

Also pays “sick pay” and disability benefits

Long waiting lists -- if condition would lead to

“catastrophic or very serious consequences”

they have a right to treatment within 6 months

“generally satisfied”

PORTUGAL

Universal tax funded single payer

Consumes 45% of GDP

Also pays “sick pay” and disability benefits

Long waiting lists -- if condition would lead to

“catastrophic or very serious consequences”

they have a right to treatment within 6 months

“generally satisfied”

PORTUGAL

Docs are salaried but may have private practices
– half do

10% have private insurance

People may change GP by writing to NHS and
explaining reasons

150,000 out of 10.6 million (1.5) on waiting list
for surgery

GREECE

Ostensibly employer-based

Industry sector social insurance funds

Government defined benefits and rates

“Noble” funds – for government workers,
banking sector, public utility workers

Ministry determines numbers, specialties, salary
levels, beds, purchases – both public and
private hospitals

GREECE

83% covered for primary care; 97% for hospital care – uninsured go to ER

Needs 5,000 GP's - have 600

Docs can have private practices – out of pocket payments make up 42% of expenditures

Every staff appointment approved at Ministry

Greek HCS funded by payroll taxes, general taxes, and bribery

NETHERLANDS

2ND after Swiss most market oriented

Was like Germany before reforms in 2006

1.5 – 2% uninsured – 41 companies

Price competition – 20% switching insurers

Health have risen less than before

GREAT BRITIAN

Single payer – highly centralized

Cost containment successful – but under strain

20% of colon cancer patient are treatable when first seen but incurable when they come to treatment

Diagnostic testing – targeted wait no more than 18 weeks – only 20 – 50 % meet time

Procedures explicitly rationed

SWITZERLAND

Managed competition

Govt pays smaller amount of total health expenditure than US 25% v 45%

Swiss pay 31.5% of health care out of pocket
higher than US

Swiss spend 11.5% of GDP – 2nd to US

19% of insurance premiums paid by government

About 40% have purchased supplemental ins

SWITZERLAND

“Basic” insurance mandated – 93 insurers
compete on price & co-payments

	Switzerland	US
Auto ins	100%	83%
Health ins	99.5%	?

Non smokers get 20% discount

Gov subsidies – 10% max of income for health

SWITZERLAND

Subsidies **do not** pay entire cost of insurance

Swiss do not want an incentive for subsidized individuals to choose the **most expensive** plan with the **lowest deductibles** and **copayments**

SWITZERLAND

Exposure of Swiss consumers to the cost consequences of their health care decisions has made them more conscience consumers and helped limit overall health care costs

SWITZERLAND

Voters rejected change to single payer by 71%

Problems: Docs must accept negotiated payments – but can vote with feet

Defined benefits encourage providers and disease constituencies to lobby

GERMANY

Employer based 50/50 – dates back to Bismark

All incomes less than \$60,000 required to enroll

$\frac{3}{4}$ with greater income stay enrolled

90% of population covered

9% purchase supplemental insurance

Benefits extensive – 70 – 90% of last gross salary
for up to 78 weeks

GERMANY

Regulation split between central and state

Physician income 20% of US – provide minimal care with much red tape – no innovation

Less technology available

Rationing for elderly and terminal

Total cost less than US but rapidly rising

No waiting list information kept

GERMANY

76% of Germans thought health care reform
“urgent” and 14% thought desirable

Increased private spending YES – 47% NO – 49%

More patient choice/better quality

YES – 45% NO – 50%

Germans believe equal access to same quality
more important to own access to best quality

YES – 81% NO – 18%

CANADA

Ranked 30 – not seriously a model

Funding from general tax with block grants to provinces

Province funding include – personal and corporate income tax, sales taxes, lotteries and some premiums

Costs are controlled to 9% of GDP – but at expense to access to care

CANADA

Provincial program requirements

- 1 – Universality to all with same terms
- 2 – All necessary hospital / physician services
- 3 – Portability between provinces when moving
- 4 – No financial barriers – copay or deductibles
- 5 – administered by nonprofit authority
accountable to government

CANADA

Physicians paid fee for service

2.1 physicians / 1000 less than Europe average
number has not increased since 1990

Increasing numbers carrying private insurance

Clinics prohibited from providing services
covered by Health Act

Court permitted private insurance

BLACK market – reduced waiting time and tech

CANADA

Canadian Medical Journal – at least 50 Ontario patients died while waiting for cardiac cath

Waiting list information not maintained

33% of Canadians who say they have an unmet need reported being in pain that limits their daily activities

59% say change needed – most wary of “Americanization”

Conclusion

to this part, anyway

Pollster Bill McInturiff says “never, in my years of work, have I found someone who said, “I will reduce the quality of the health care I get , so that all Americans can get something”

Conclusion

to this part, anyway – a little more

- Universal Health Insurance does not mean universal access to health care
- Rising health care spending is not a uniquely American phenomenon
- Countries that have single payer or government control systems are more likely to face waiting lists, rationing, restrictions on physician choice and other barriers to care

Conclusion

to this part, anyway – still a little more

- Dissatisfaction and discontent seems to be universal
- No country with universal coverage is contemplating abandoning a universal system, the broad trend is to move away from centralized governmental control and to introduce more market oriented features

To Contemplate

A fine is a tax for doing wrong.

A tax is a fine for doing well.

Political Quote

“The best way to get rid of poverty is to give people money”

Jesse Jackson

Political Quote

John Henry Faulk's grandfather:

“I like communism. I think everything should be equally distributed ---- every Saturday night.”

Obamacare

**Patient Protection and Affordable Care Act and
Health Care and Education Reconciliation Act**

Obamacare

March 22 – 2nd anniversary of signing

The question is – have any in Congress actually read it yet?

March 26 – 28 Oral arguments before the Supreme Court

Monday - Is the fine a fine or a tax?

Tuesday – Can all citizens be required to purchase a product?

Wednesday –

Is there severability?

Is there violation of the 10th amendment?



Your Brain on Drugs

Patient Protection and Affordable Care Act

OBAMACARE

shades of

CLOWARD

PIVENS

ALINSKY

Ronald Reagan quote from NPR segment

"One of the traditional methods of imposing statism or socialism on a people, has been by way of medicine. It's very easy to disguise a medical program as a humanitarian project — most people are a little reluctant to oppose anything that suggests medical care for people who possibly can't afford it. Now, the American people, if you put it to them about socialized medicine and gave them a chance to choose, would unhesitatingly vote against it."



Deesillustration.com

**The Road to HELL is paved with
GOOD INTENTIONS**

What made this country great?

What made this Country Great?

1 – A common money throughout the states

What made this Country Great?

1 – A common money throughout the states

2 – A common Language

What made this Country Great?

1 – A common money throughout the states

2 – A common Language

3 – Open borders between the States so that if a person did not like one state he was free to move to another

The Samaritan's Dilemma

If the donor's action leads to an increase in the amount of need.

No dilemma exists as long as the condition of need is beyond the victim's control

The Samaritan's dilemma in --

- the home
- the school
- international assistance
- private charities
- insurance business
- government programs

Types of government assistance programs

- Agricultural credit
- Housing
- Home loans
- Corporate subsidies
- Food stamps
- Medical Care

Factors in government assistance programs

- Benefit to individual politicians by increasing their constituencies
- Benefit to the bureaucracy because the employees benefit personally as the magnitude of the aid increases

The Samaritan's dilemma

There is no way to avoid it coping
with people in need

Ultimately, no one spends other
people's money as carefully as he
spends his own

The United States in crises

Economic

Constitutional

Cultural

Congressional



US Debt Clock.org

New [Budget Showdown CBO v.OMB v.GOP](#)

State Debt Clocks

World Debt Clocks

Debt Clock Time Machine

US NATIONAL DEBT

\$ 15,566,639,538,895

DEBT PER CITIZEN

\$ 49,697

DEBT PER TAXPAYER

\$ 137,471

US FEDERAL SPENDING

\$ 3,584,030,890,313

US FEDERAL BUDGET DEFICIT

\$ 1,316,286,353,947

US FEDERAL TAX REVENUE

\$ 2,267,744,527,485

INCOME TAX

\$ 1,105,939,491,815

PAYROLL TAX

\$ 835,697,092,698

CORPORATE TAX

\$ 196,378,887,801

STATE REVENUE

\$ 1,463,156,135,662

STATE DEBT

\$ 1,104,026,493,780

LOCAL REVENUE

\$ 1,101,388,662,518

LOCAL DEBT

\$ 1,746,062,817,439

Largest Budget Items

MEDICARE/MEDICAID

\$ 832,143,921,180

SOCIAL SECURITY

\$ 734,886,425,797

DEFENSE/WARS

\$ 695,606,032,118

INCOME SECURITY

\$ 391,818,095,839

NET INTEREST ON DEBT

\$ 226,340,904,121

FEDERAL PENSIONS

\$ 214,340,904,098

US GROSS DOMESTIC PRODUCT

\$ 15,075,712,821,909

TOTAL FEDERAL/STATE/LOCAL SPENDING

\$ 6,588,542,682,558

GROSS DEBT TO GDP RATIO

103.2474851%

REVENUE TO GDP RATIO

32.0513135%

SPENDING TO GDP RATIO

43.6984549%

US TOTAL INTEREST • 2012

\$ 3,777,040,705,513

INTEREST PER CITIZEN

\$ 12,060

US TOTAL DEBT

\$ 57,157,256,440,788

TOTAL DEBT PER CITIZEN

\$ 182,465

TOTAL DEBT PER FAMILY

\$ 690,085

SAVINGS PER FAMILY

\$ 4,314

TOTAL PERSONAL DEBT

\$ 15,963,320,777,444

MORTGAGE DEBT

\$ 13,405,295,391,767

STUDENT LOAN DEBT

\$ 868,764,998,490

CREDIT CARD DEBT

\$ 793,304,814,051

PERSONAL DEBT PER CIT.

\$ 50,967

Money Creation

FEDERAL RESERVE MONETARY BASE

\$ 2,653,713,912,641

M2 MONEY SUPPLY

\$ 9,769,538,942,671

TREASURY SECURITIES

\$ 1,285,655,543,465

CURRENCY AND CREDIT DERIVATIVES

\$ 797,982,748,285,145

Trade Numbers

US DEBT HELD BY FOREIGN COUNTRIES

\$ 5,122,699,207,620

US TRADE DEFICIT

\$ 782,894,495,966

US TRADE DEFICIT • CHINA

\$ 310,063,859,352

US IMPORTED OIL

\$ 494,547,296,563

IMPORTED OIL • OPEC

\$ 195,915,368,858

SMALL BUSINESS ASSETS

\$ 7,089,219,987,827

CORPORATION ASSETS

\$ 16,450,254,466,477

HOUSEHOLD ASSETS

\$ 59,505,891,665,470

TOTAL NATIONAL ASSETS

\$ 83,045,366,318,345

ASSETS PER CITIZEN

\$ 265,127

SOCIAL SECURITY LIABILITY

\$ 15,569,151,721,514

PRESCRIPTION DRUG LIABILITY

\$ 20,535,474,678,939

MEDICARE LIABILITY

\$ 81,917,690,652,092

US UNFUNDED LIABILITIES

\$ 118,100,075,099,588

LIABILITY PER TAXPAYER

\$ 1,042,956

US POPULATION

313,220,069

US INCOME TAXPAYERS

113,254,335

OFFICIAL UNEMPLOYED

12,419,845

ACTUAL UNEMPLOYED

22,538,750

STATE/LOCAL EMPLOYEES

15,449,355

FEDERAL EMPLOYEES

4,334,544

US WORK FORCE

142,948,522

US RETIREES & SSI

66,895,361

US FAMILIES

82,827,656

FOOD STAMP RECIPIENTS

46,731,325

BANKRUPTCIES

1,405,895

FORECLOSURES

849,956

\$100



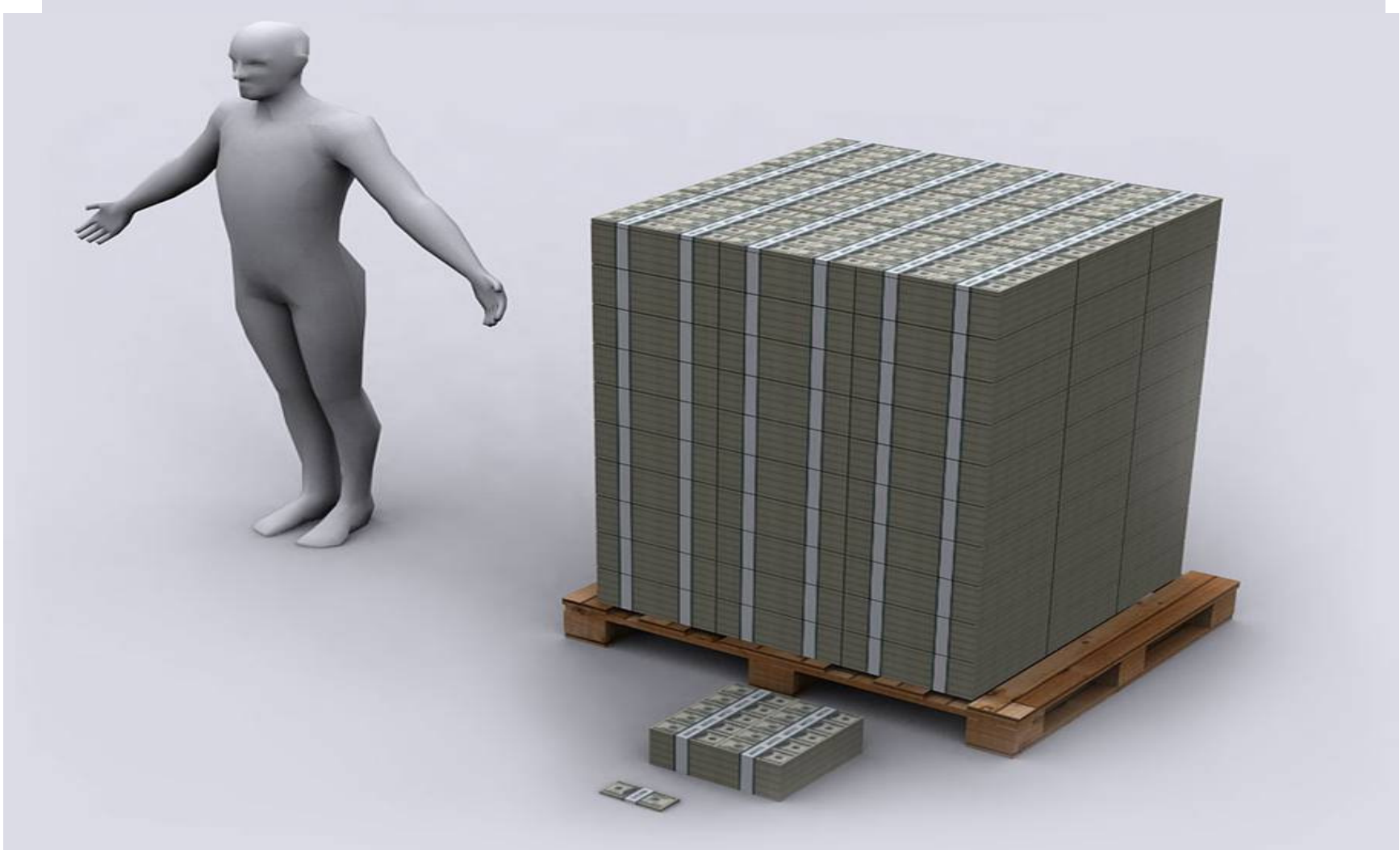
\$10,000



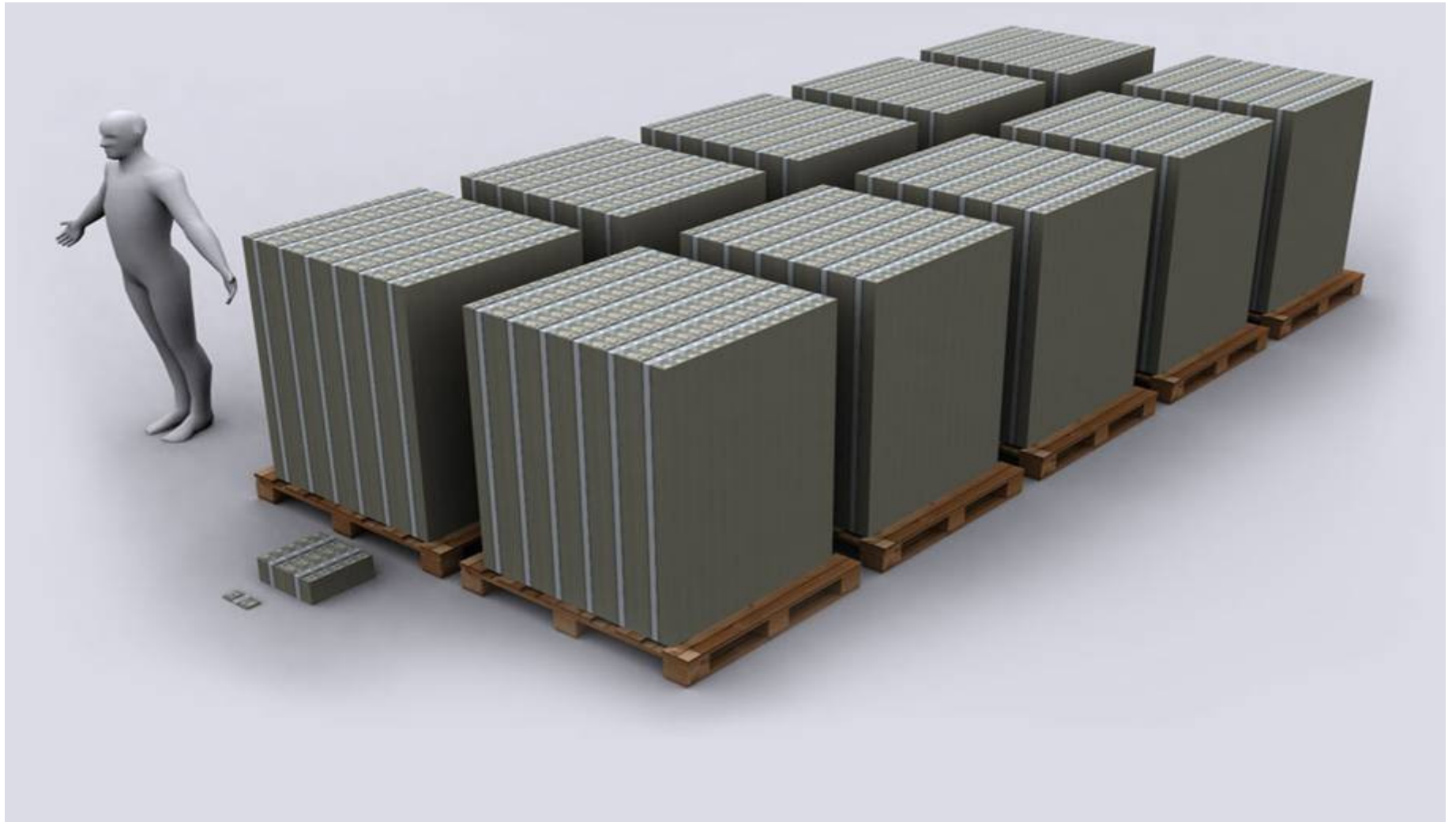
\$1,000,000



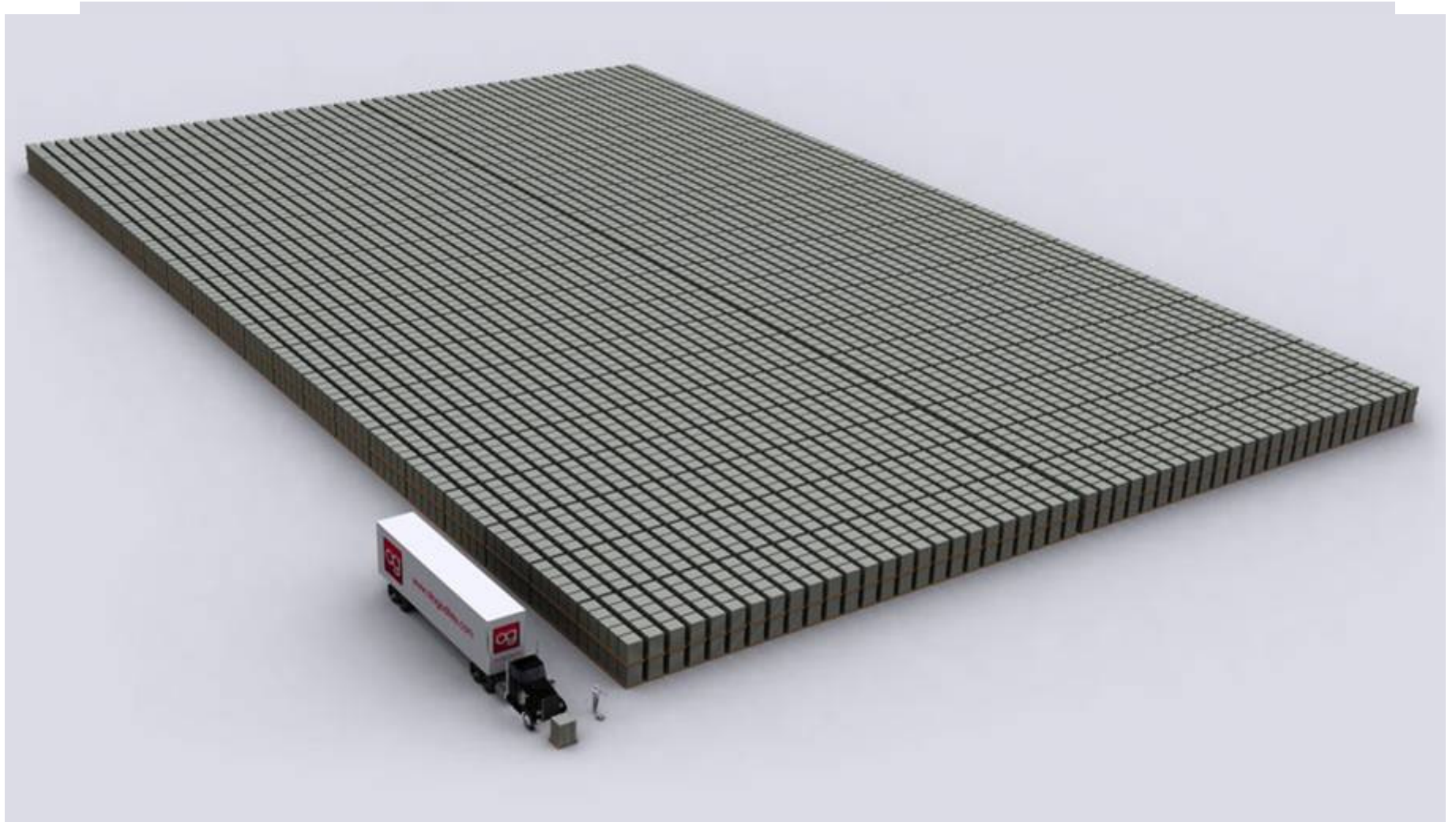
\$1 Billion



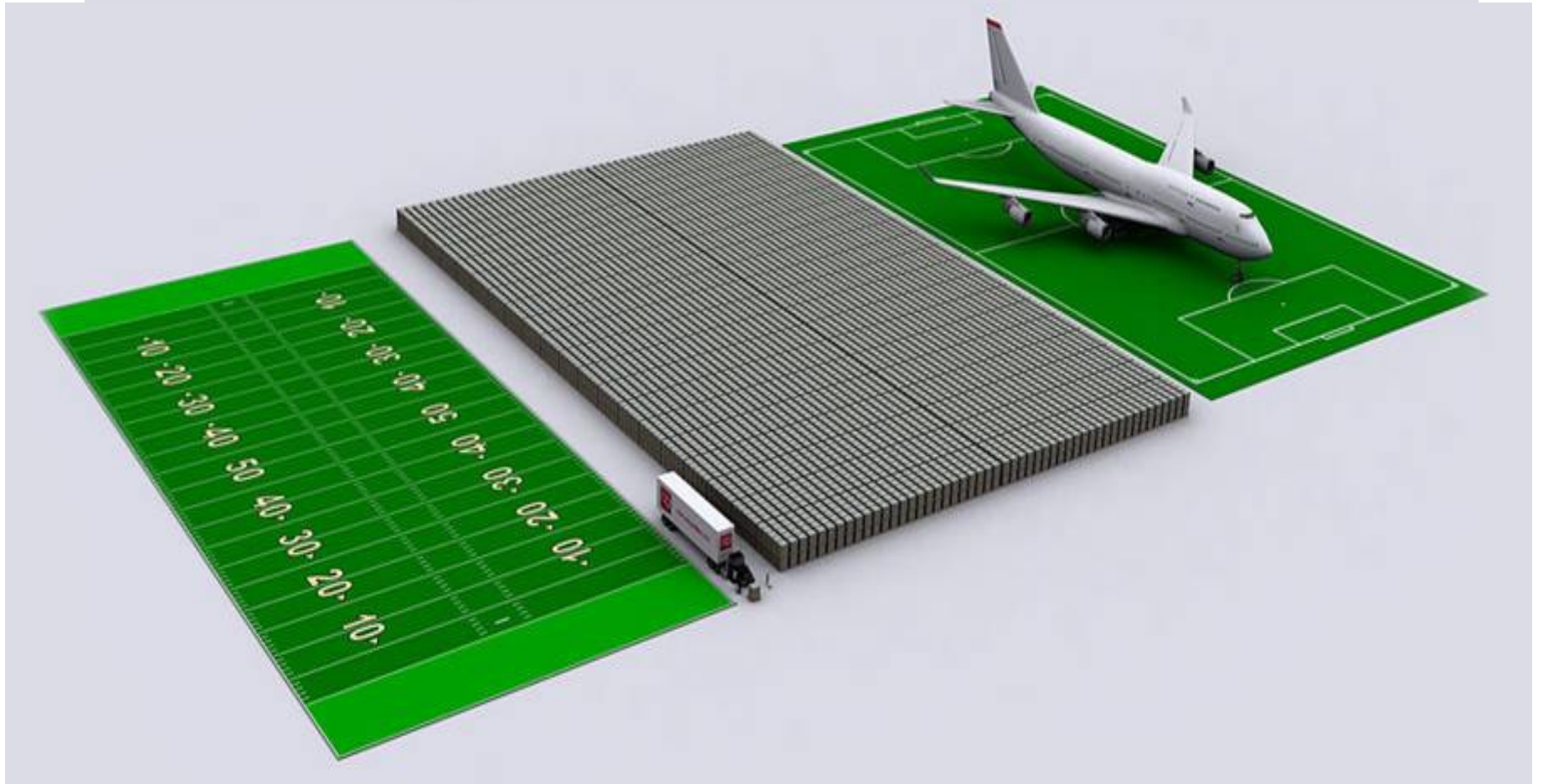
\$10 Billion



\$1 Trillion



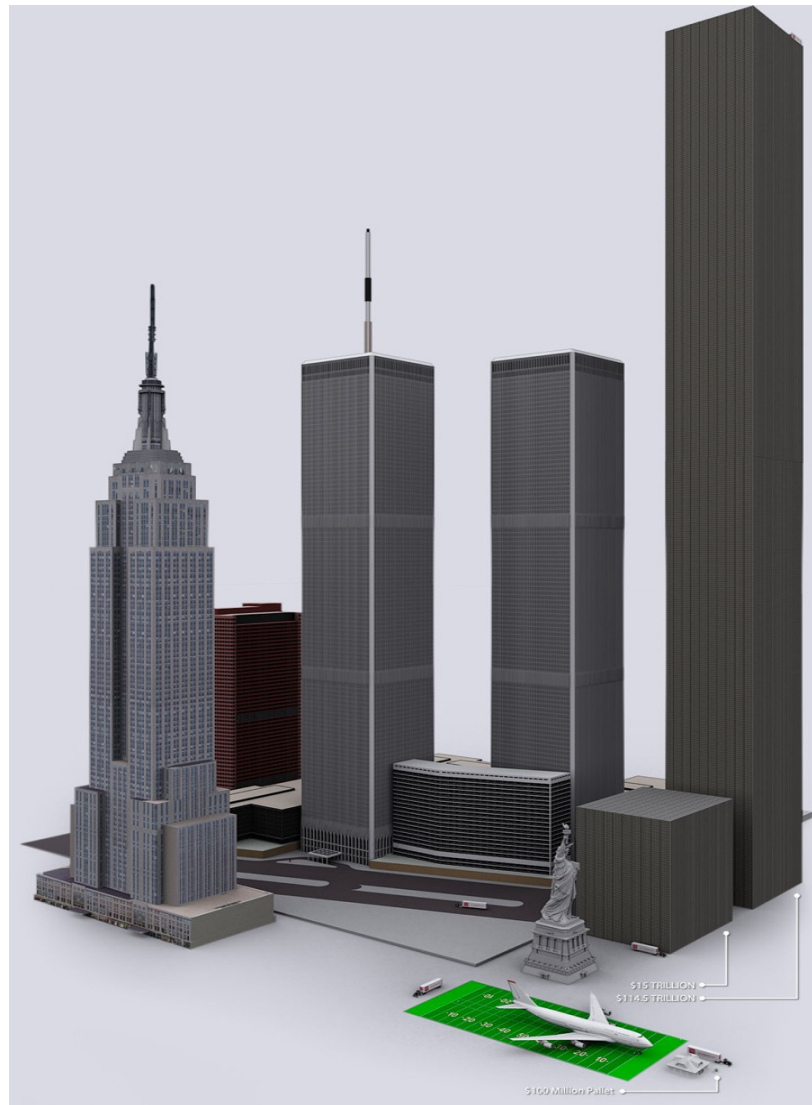
\$1 Trillion – another way



\$15 Trillion



YES ! \$15 Trillion



IT'S TIME WE
READ THE OWNER'S
MANUAL

Gary Hayes
SYNDICATED BY
CORK CREATIONS.COM

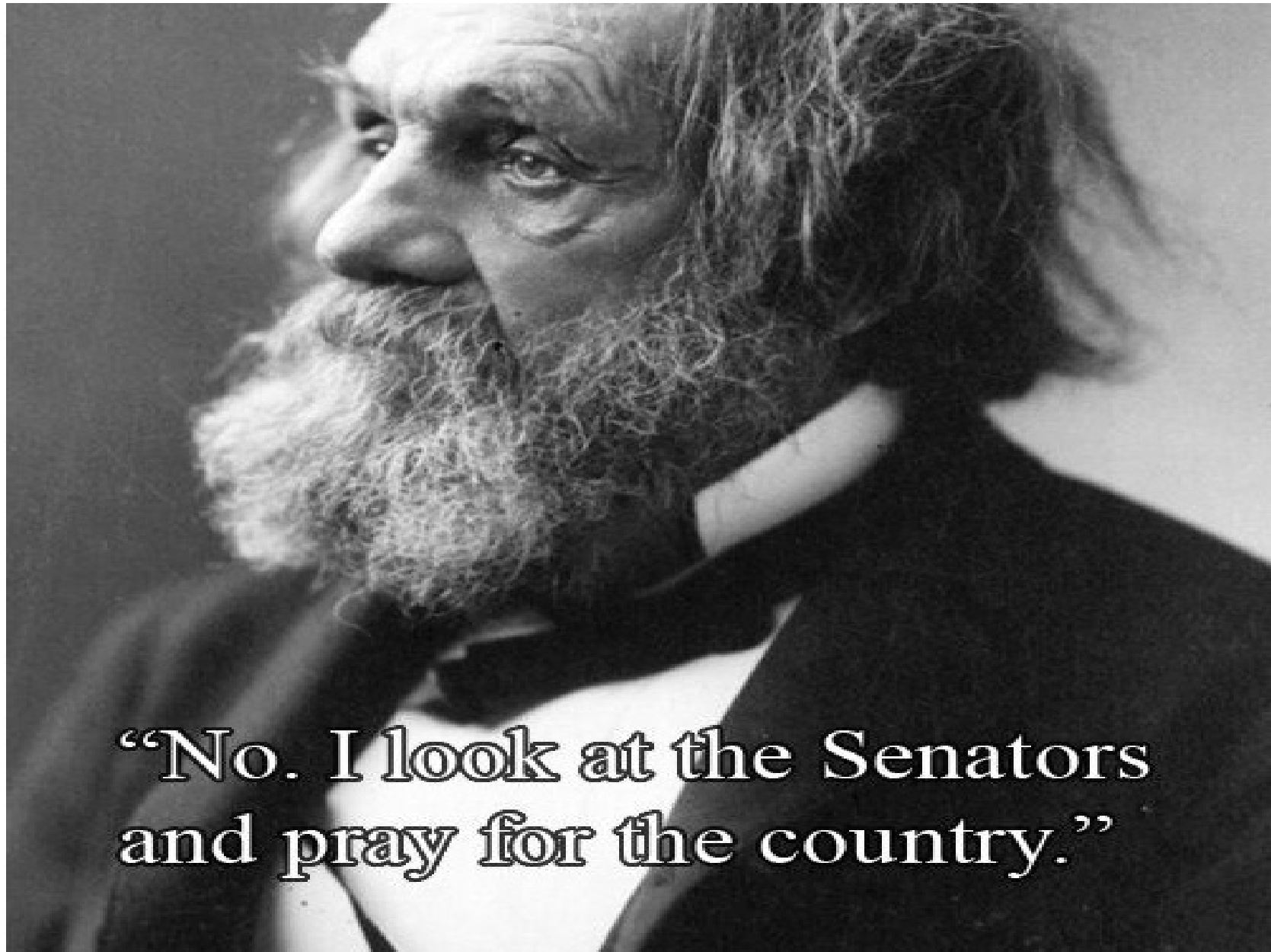
USS CONSTITUTION

garyhayes.com



A Congressional Crisis

Reverend Edward Everett Hale Vs. The U.S.
Senate when asked if he prayed for the
Senators.



“No. I look at the Senators
and pray for the country.”



Truths 1

Truths 1

1 – You can not legislate the poor into prosperity by legislating the wealthy out of prosperity.

Truths 2

2 – What one person receives without working for, another person must work for without receiving.

Truths 3

3 – The government cannot give to anybody anything that the government does not take first from someone else.

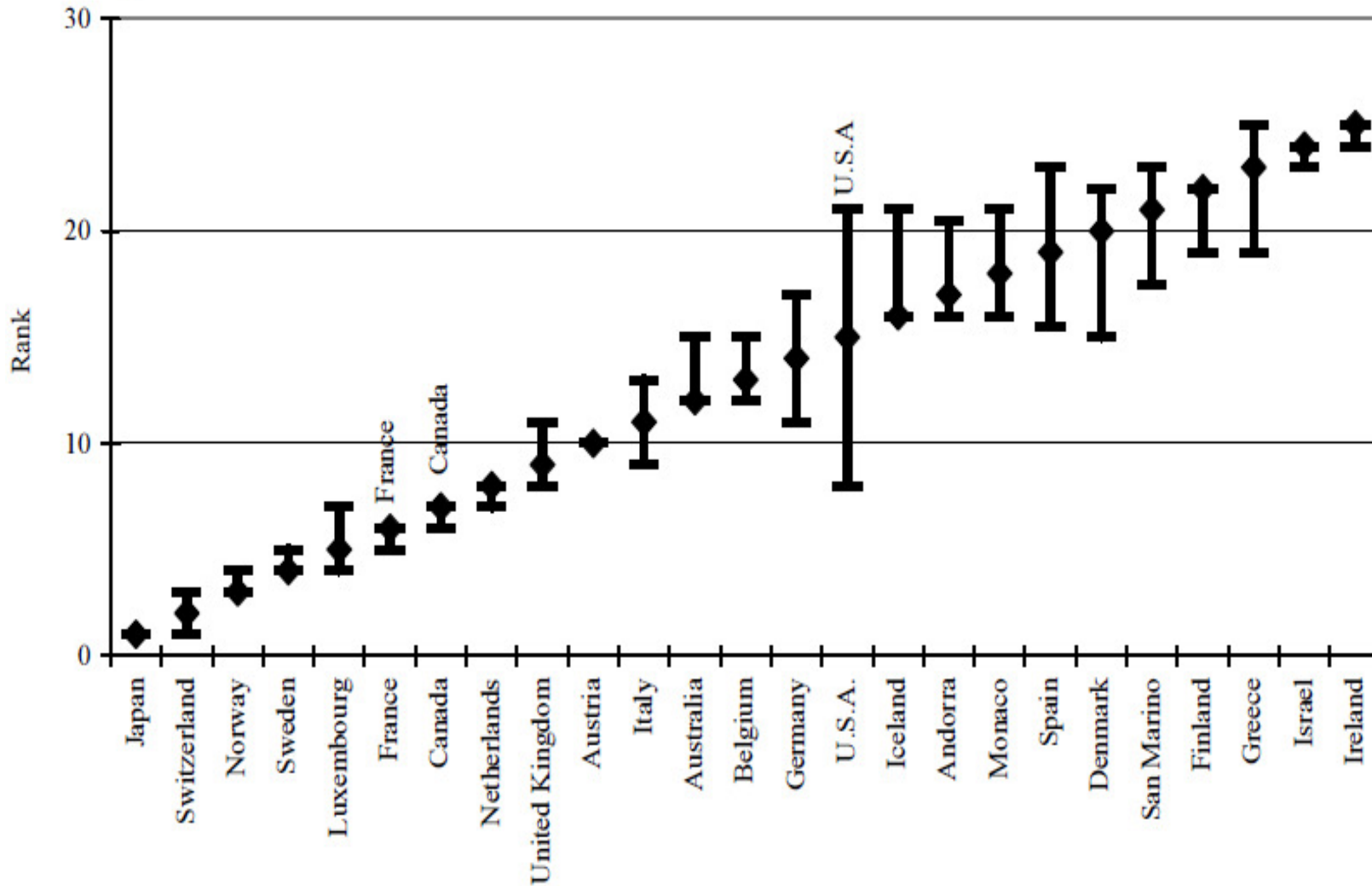
Truths 4

4 – You cannot multiply wealth be dividing it.

Truths 5

5 – When half of the people get the idea that they do not have to work because the other half is going to take care of them, and when the other half gets the idea that it does no good to work because somebody else is going to get what they work for, that is the beginning of the end of any nation.

Sensitivity Intervals for OA-Based Ranks



Source: Source: Christopher J. L. Murray et al., "Overall Health System Achievement for 191 Countries," Global Programme on Evidence for Health Policy Discussion Paper Series no. 28 (Geneva: WHO, undated), p. 8.

What made this Country Great?



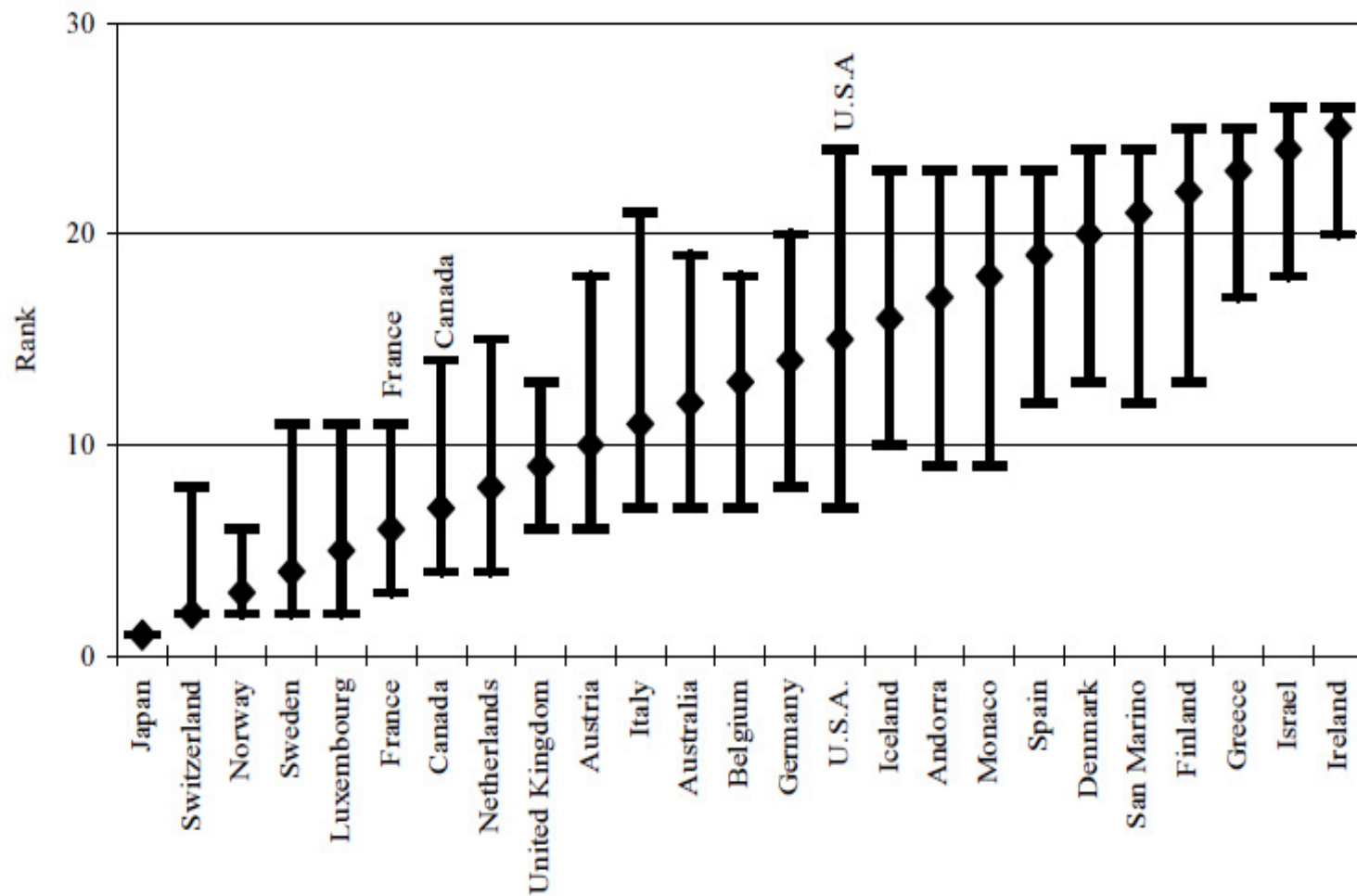
Types of HEALTH CARE REFORM

SINGLE PAYER

EMPLOYMENT BASED

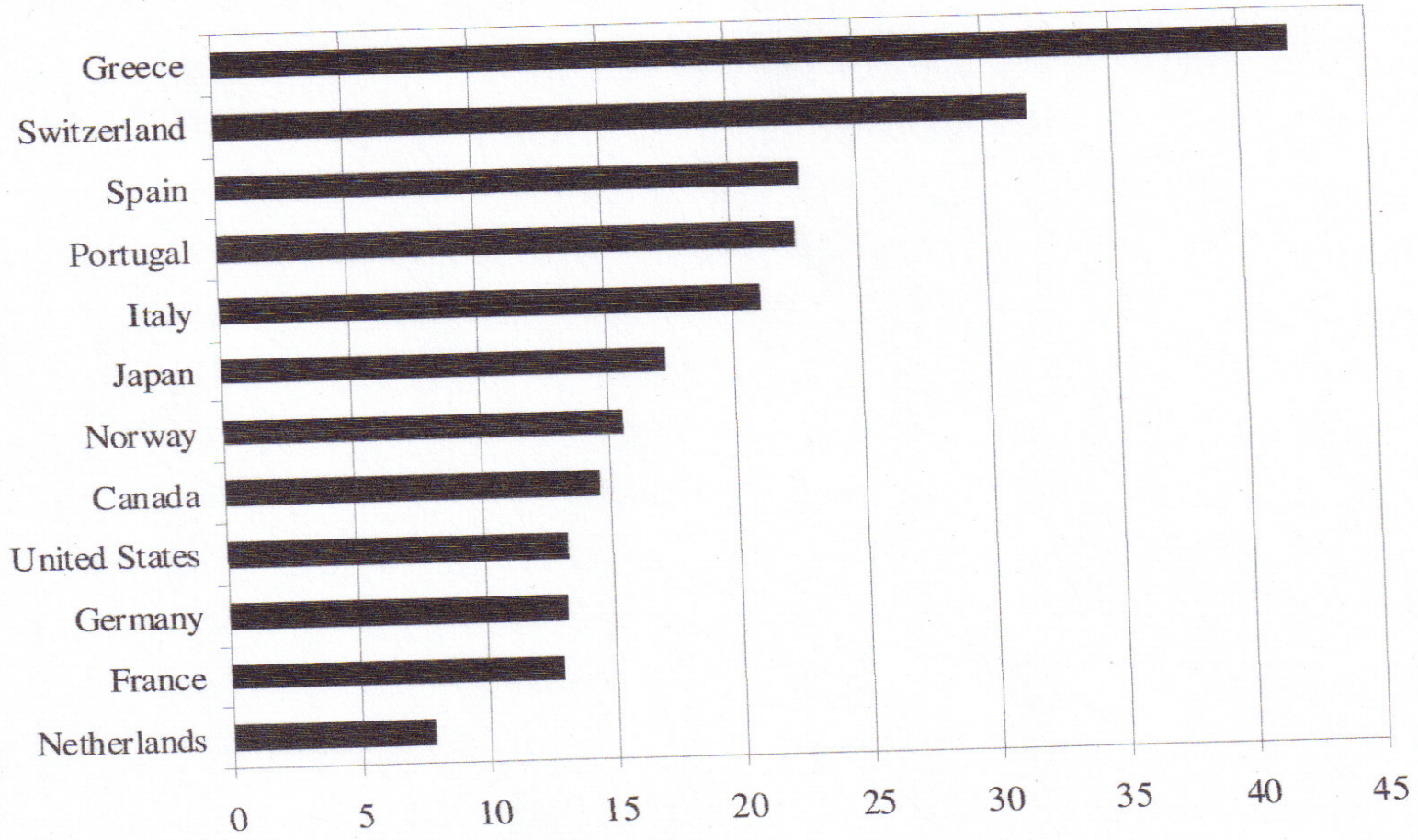
MANAGED COMPETITION

Figure 1
Uncertainty Intervals of OA-Based Ranks



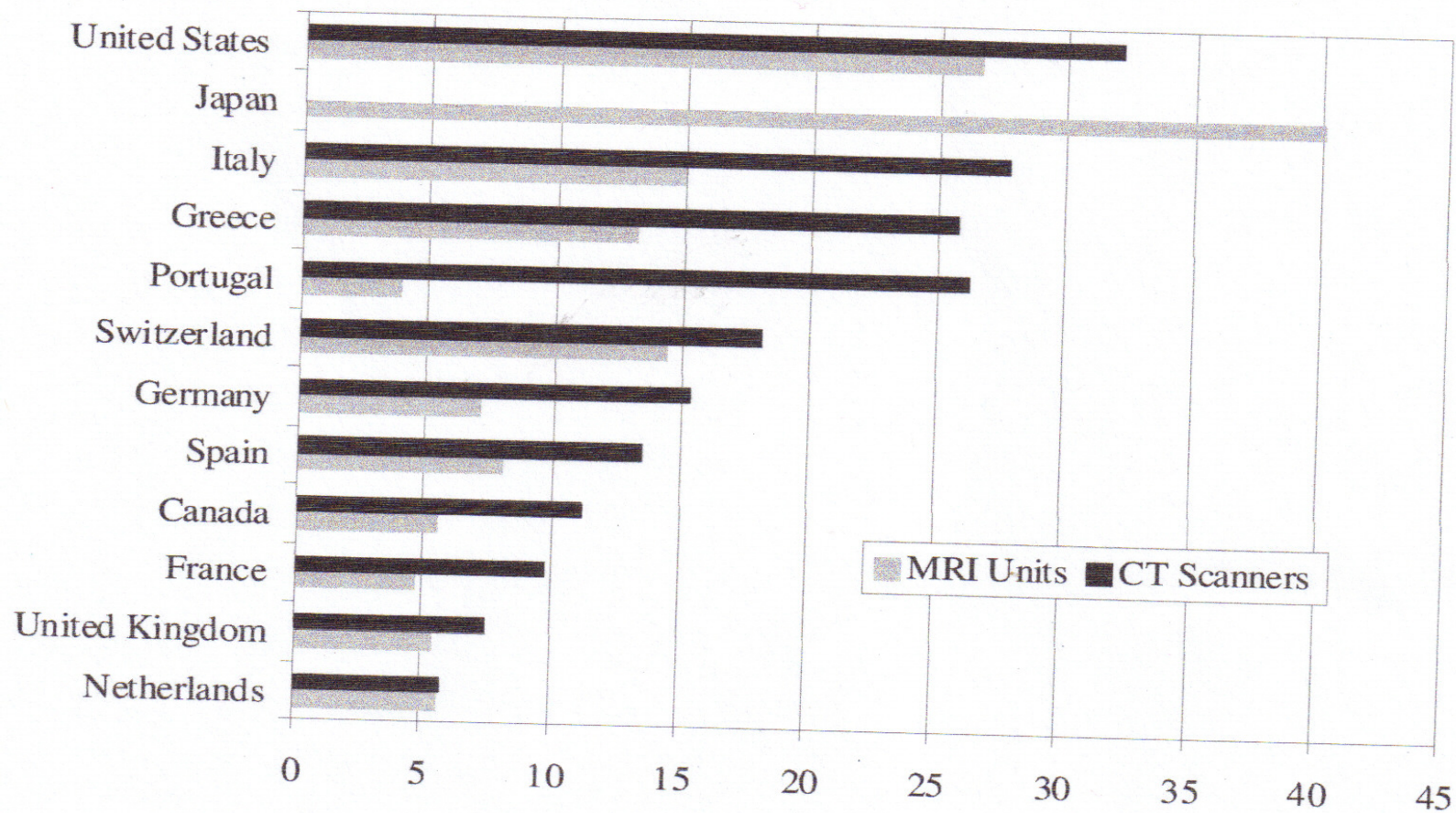
Source: Christopher J. L. Murray et al., "Overall Health System Achievement for 191 Countries," Global Programme on Evidence for Health Policy Discussion Paper Series no. 28 (Geneva: WHO, undated), p. 8.

Percentage of Total Health Spending Out of Pocket



Source: OECD, "OECD Health Data 2007: Statistics and Indicators for 30 Countries."
Data for France from Simone Sandier, Valerie Paris, and Dominique Polton, *Health Care Systems in Transition: France* (Copenhagen: European Observatory on Health Systems and Policies, 2004).
Data for Greece from the World Health Organization.

Number of MRI Units and CT Scanners per Million People



Source: Organisation for Co-operation and Development, "OECD Health Data, 2007 Statistics and Indicators for 30 Countries" (Paris: OECD, July 2007).

Note: U.S. Data from 2003.

MYTH

No good turn goes unpunished

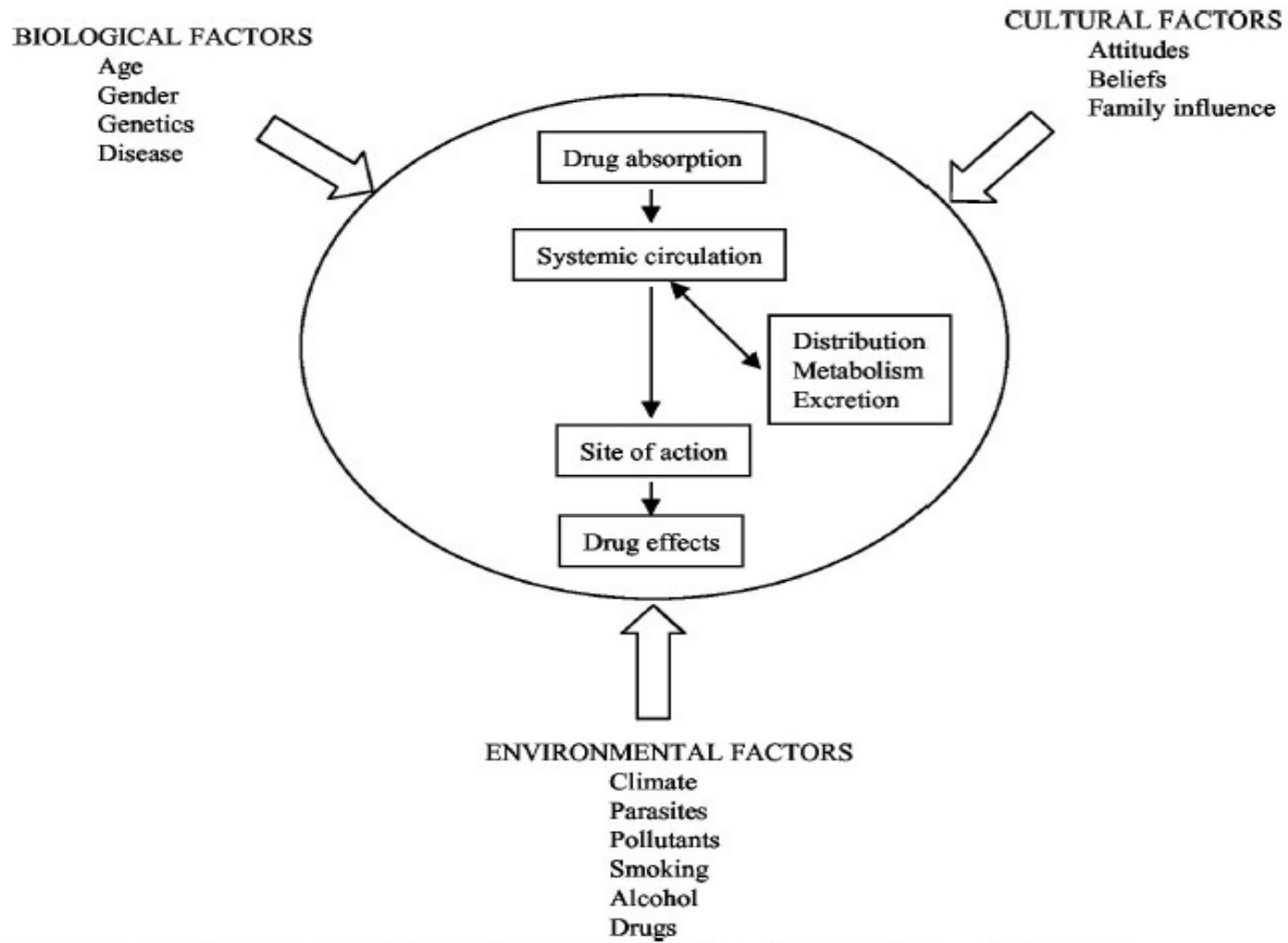


Figure 2. Factors contributing to variability in drug response. Adapted from Poolsup et al. (2000).¹⁶

Houston, TX

- Memorial Hermann Healthcare System – Southwest

including:

- Memorial Hermann Northwest Hospital - Houston, TX

- ston, TX

- Memorial Hermann Southeast Hospital - Houston, TX

- Memorial Hermann the Woodlands Hospital - Houston, TX

MYTH

**The worst place for a sick
person is in a hospital**

2011 Best 50 Hospital List

Houston

Memorial Herman Southwest

Including

Memorial Herman Northwest

Memorial Herman Northeast

Memorial Herman Woodlands

2011 Best 50 Hospital List

Houston

Memorial Herman Southwest

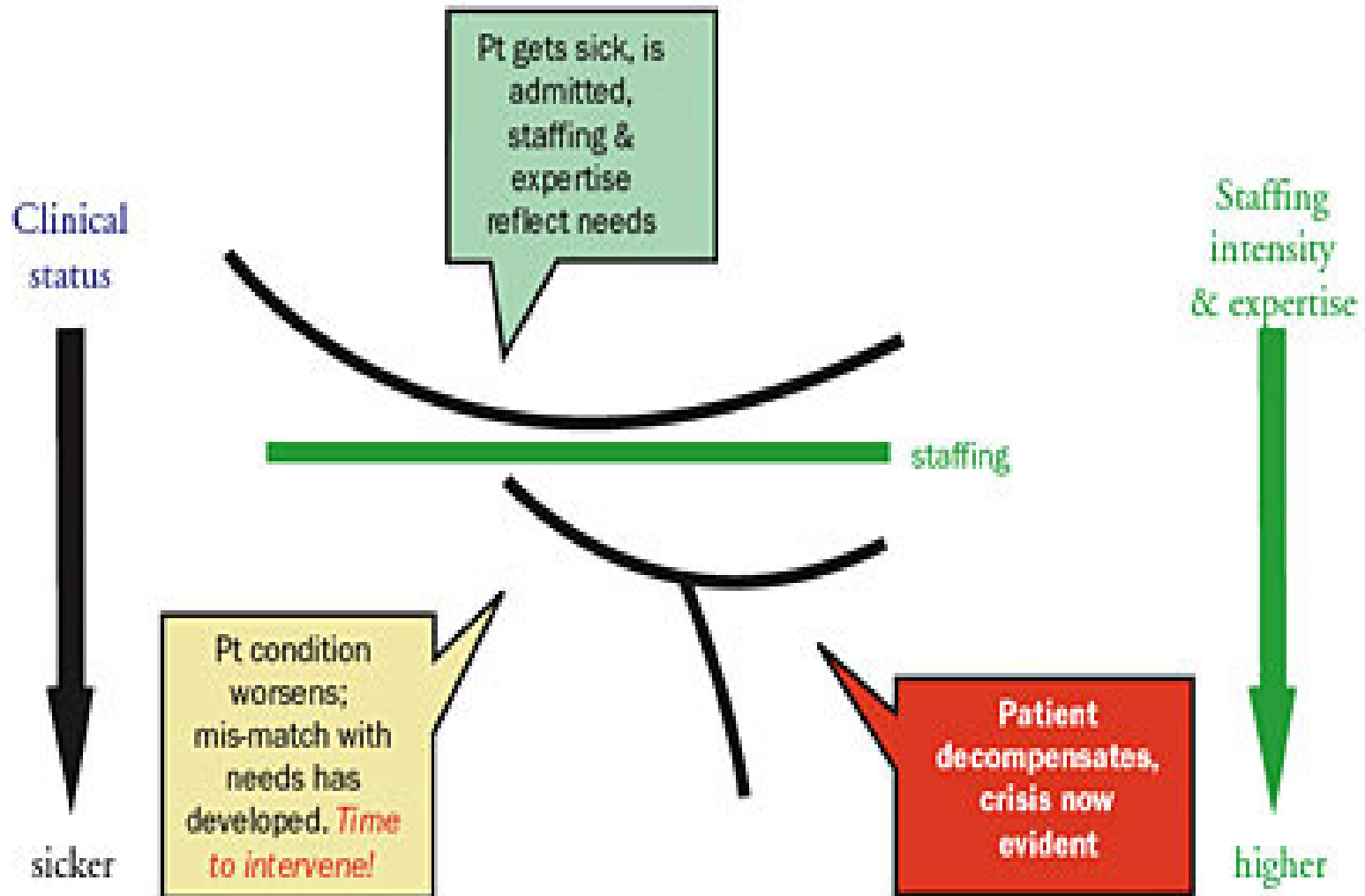
Including

Memorial Herman Northwest

Memorial Herman Northeast

Memorial Herman Woodlands

How Catastrophes Develop



2011 Best 100 Hospital List

87% Non Profit

7% For Profit

6% Government

Study 2000-2002

Study 2000-2002

37 Million Medicare Hospitalizations

1.14 Million patient-safety incidents (3%)

1 in 4 Medicare patients who experienced incidents died

Highest incidents

Failure to Rescue

Decubitus ulcer

Postoperative sepsis

Study 2000-2002

Entire US – extrapolation from Medicare data

\$19 Billion extra spent

575,000 preventable deaths

Best hospitals had \$740 less cost per admission

CDC

Medical Errors would be 6th cause of death

Ahead of

diabetes

pneumonia

Alzheimer's disease

renal disease

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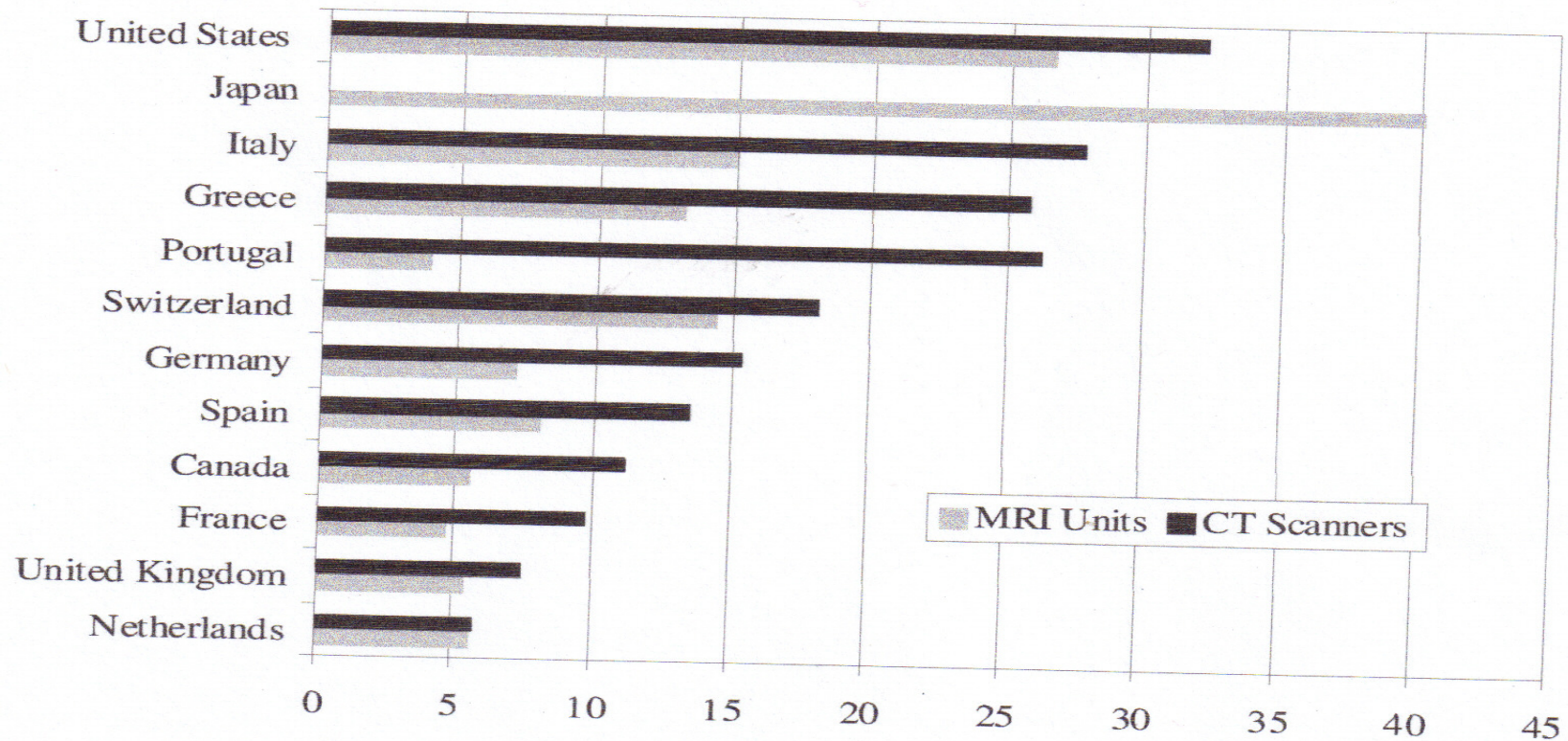
renal disease

To Err is Human

**To Correct an Err Takes a
Lawyer**

MRI – CT's

Number of MRI Units and CT Scanners per Million People



Source: Organisation for Co-operation and Development, "OECD Health Data, 2007 Statistics and Indicators for 30 Countries" (Paris: OECD, July 2007).

Note: U.S. Data from 2003.