

The travesty of our healthcare and insurance system

Opinion

Much is in the news about our USA Healthcare system. We pay more than ANY other country, yet we are, in many ways, the sickest country on the Planet. We need to focus on the companion Insurance System as well as they go and operate hand in glove. Many or most employed individuals have health insurance. Others pay for individual coverage. We ALL pay something, whether it is out of pocket or 'covered' by insurance. Even if you have insurance, you usually will pay a 'co-pay' for each office visit and something towards prescription medications. We also pay for those who cannot afford coverage and inundate our hospital emergency rooms in our taxes.

This 'system' of healthcare and insurance has been in place since the 1940's. While there were experiments as early as the 1920s, employer-sponsored health insurance truly began during World War II. During the war, wages were capped by the Federal Government, so employers needed another means to entice and keep employees. The incentives they decided on were benefits like health insurance. These health benefits packages were not considered a part of employees' wages and the employers could deduct what they spent on these benefits packages from their corporate taxes.

As things progressed, healthcare insurance companies grew to manage and administer the ever more complex payment and reimbursement mechanisms. Like any huge bureaucracy, they developed convoluted and complex rules that became our claim adjudication systems of insurance companies. These systems, decide who, what and how much to pay when an insurance claim is made. They are driven by complex actuarial tables, and statistical models that provide a profit margin for the insurance companies and limit the liability of the funding organization or company providing the employee coverage(s).

Over the years, this system has gotten gigantic and borders on the monstrous. Employees take the health insurance for granted and have totally lost sight of the costs being covered. They use the healthcare system as they will as it is perceived to be 'free' or almost free of charge. The more you use it the better off you are; even if you pay a supporting fee not covered by the employer-sponsored program. The basic cost control mechanism for most free enterprise pricing systems is the individual consumer, shopping for the best product at the lowest price. With healthcare insurance this basic control was eliminated! Few ever actually see the amounts paid for the 'covered expenses' of healthcare.

For this reason, the primary cost control component was eliminated and pricing and competition was ceded to the insurance companies. Of course they look at this as a profit generation mechanisms not as a health and wellness service. They put pressure on the healthcare industry (hospitals, clinics, doctors, etc.) to minimize costs. They encourage healthcare practitioners to ignore treatments that have low margins and incentivize modalities that make a profit (chemo therapies, radiation, surgeries, pharmaceuticals) for themselves and their interested 'partners' in the industry that is HealthCare!

The system is basically out of control! The individuals pay

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insurance premiums, the companies pay the insurance companies (either to administer the programs or to fund the insurance coverage). The costs are enormous! Why? Because of the huge bureaucracy needed to support this gargantuan beast. Then we have the Federal/State/Local bureaucracies legislating healthcare. They control government sponsored 'programs' (Medicare, Medicaid, Child Healthcare Programs -CHIP-, etc.). This adds to the overburden of the system. When did you EVER see a government program that was cost effective and efficient? Well this entire HealthCare System has become one huge bureaucracy.

Now we come to the actual reason for this beast to exist: To maintain the Health and Wellness of the individual(s). This is a noble construct to be sure, but does it work in practice? Not hardly.

Have you ever tried to fight for coverage of an illness (cancer, heart disease, diabetes, etc.) or treatment that was not covered 'by the American Medical Association book'. A drug or treatment that was NOT part of the adjudication system in the insurance company's program?

What about a treatment that was experimental or so new that few 'doctors' or healthcare practitioners didn't know about or was not 'acceptable common practice'? Good luck on that score. There have been numerous movies made about the travesty of illness going untreated because the 'statistical model' did not justify the expense. No profit, no treatment!

What about the case that an individual chooses to go an alternative route to treatment? For instance instead of seeing a back surgeon or a chiropractor, they decide that acupuncture might be a better course of treatment? What about herbal and vitamin supplements that support the natural immune system that is designed to fight disease? What about nutritional therapy or just good eating?

There are thousands of cases (documented and proven) that show that alternative treatments do cure disease; not just dispense pharmaceuticals and 'treat' the symptoms. Of course the dispensing of expensive drugs (with dramatic & debilitating side effects) is covered by the insurance adjudication system, but not vitamin or natural supplements that have minimal side effects.

What if the alternative treatment brings about a cure of a disease of the patient by a lifestyle change. Something that the individual chose to do that would increase the natural immune response and cure the disease? Are those treatments, supplements, herbs and counselling programs covered by the adjudication system? Not so much!

If these alternative treatments do cure the individual is there a reimbursement program from the insurance carrier? After all, these natural and homeopathic curative treatments saved the insurance company thousand\$ of dollar\$ in expensive allopathic treatments (surgery, drugs, chemical, radiological etc.). If none of the expense was covered, why should the fees is realized for the 'insurance' premiums paid?

No, there is a dramatic disconnect in HealthCare. The system operates on treating symptoms NOT curing disease! Cures are often ignored or disregarded in the face of dramatic and proven documentation. The Medical System is biased towards drug therapies, surgeries and debilitating treatments with horrendous side effects.

Most cancer patients don't die from the cancer; they DIE from the treatments! If heart disease is a lifestyle illness (poor Standard American Diet – SAD) and a change in lifestyle (switching to a plant based nutritional diet) CURES and reverses the heart disease, is the educational nutritional program covered by insurance? Not so much.

If Diabetes II is a lifestyle disease caused by the SAD and the patient chooses to change their lifestyle, change their diet (to a curative plant based nutritional approach) and decrease or eliminate the need for insulin and related treatments, are those treatments and programs covered? Again, not so much!

I always advise folks to 'follow the money trail'. There is little or no profit with a treatment that consists of green leafy vegetables, fruit & nuts and some natural herbs and other homeopathic treatments. Vitamins are not patentable as they are naturally occurring nutritional ingredients, so therapies, often large dose vitamin therapies, are not covered. Could this be a reason why the insurance company's adjudication and reimbursement mechanisms choose to not cover these expenses? After all, they are saving the insurance company hundred\$ of thousand\$ of dollars in conventional allopathic treatments (pharmaceuticals, surgeries, radiological treatments).

Maybe there needs to be an adjustment in the adjudication system that actually evaluates the individual's lifestyle. Should someone on the SAD (Fast foods, high fat, little exercise, high sugar consumption), be charged the same as someone on a purely Whole Food Plant Based Nutritional diet? They already rate and adjust for smoking, high blood pressure and other factors. Why not adjust for health.

The system is skewed and corrupt. These associations and government agencies (FDA, AMA, Farm Bureaus, etc.) that control the HealthCare System, are littered with individuals from the pharmaceutical industry, mega-businesses (meat, dairy, subsidized agribusiness) and other related industries who all profit hugely from the existing HealthCare System. These huge mulch-national corporations fund campaigns, build hospital wings and fund educational institutions

(as long as they follow a strict profit generation model dictated by the sponsors).

Maybe the new HealthCare model should be less government and more individually focused. Instead of company paid healthcare, return the responsibility to the Free Market so individuals can shop for their own coverages; much like they do with auto insurance. I'm sure GEICO will jump into the game! To offset the high cost, let there be a larger tax deduction to allow for individuals and families to pay and fund the coverages they choose; based on lifestyle and overall health. Let the rate analysis and actuarial tables reflect parameters of diet and nutrition, not just age and statistical classification.

If we as a Nation choose to provide coverages for those less fortunate, let there be a National catastrophic insurance fund that will provide care and treatments for those who suffer rare and debilitating illness and those who temporarily cannot afford health insurance. Let there be a National Program for Health & Wellness that is not corrupt and infested with corporate 'sponsors' and agencies who are infiltrated with corporate self interested parties. Screen them before they become members of these agencies to eliminate financial or other links/ties to huge corporate pharmaceuticals, agribusiness and others only seeking their own personal aggrandizement and profit. Restrict these members of agencies and organizations from ever participating in profit/income generation activities in the industries they are responsible to regulate! Make the memberships in government committees that are responsible for regulation and control of the HealthCare Industry follow these same principles. Senators and Representatives often are 'compensated' hugely by Political Action Committees (PAC) formed by these healthcare related mega-businesses. Follow the Money Trail!

In the end, we all have to take responsibility for our lives and those of our families. We cannot abdicate responsibility and the power to control these massive bureaucracies to government agencies and corrupt individuals who only seek profit and power at the expense of the American People. The corporations involved are doing their job; make a profit. We just need to keep the fox (mega-corporations) out of the hen-house (National HealthCare)! Keep 'arms length' relationships and independence in the agencies and regulatory bodies and those individuals who staff them!

We can become a Healthier Nation, by changing what we eat and focusing on Health & Wellness instead of drugs, chemical and other allopathic treatments that are often worse than the disease they are purportedly to treat. There is a time and place for drug therapies, surgeries and other treatments, but treating lifestyle based diseases is not the place. Change your lifestyle, change your life. cure disease; don't just treat it!~

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Conflict of interest

Author declares that there is no conflict of interest.