



US Healthcare in Reform

US Healthcare System: **Expected/Observed**

On May 1, 2023 the Emergency state of the pandemic was ended by the World Health Organization after three years and four months of pandemic emergency, the longest marathon within a pandemic in the 21st Century.

Science is a simple strategy of hypothesis based on Expected Outcomes and Observed Outcomes. Using this basic concept of science, the COVID-19 Pandemic is explored for expectations and observations and the question "WHY" arise from the differences between expected and observed outcomes.

- Why was there a "Common Cold Virus Pandemic" in the 21st Century?
- Why did a Cold Virus pandemic emergency state "last over three years"?
- Why is there a lingering effect of the Cold Virus, "Long COVID-19"?

Why was there a "Common Cold Virus Pandemic" in the 21st Century?

Over ten decades after the last pandemic with a great recession, one would think the world would try to reboot or boot the global healthcare system, partnerships, and collaborations in preparation for the next pandemic. These expectations were not observed. The systems developed after the 1918 Spanish Flu Pandemic became unfunded, cautions in place were removed and the standards lowered.

In 1918s, physicians worked door to door for pay and there was little, or no community health established. After a series of outbreaks, sentinel events and finally the Spanish Flu Pandemic, prevention became the most important feature in the health of the public. Community health became priority

Basic Scientific Concepts State:

When
Expected \neq Observed

Question:
WHY?

- Why was there a "Common Cold Virus Pandemic" in the 21st Century?
- Why did a Cold Virus pandemic emergency state "last over three years"?
- Why is there a lingering effect of the Cold Virus, "Long COVID-19"?

and the connection between community health, public health and global health became the lessons learned for that century.

By the 1950s, every nation on earth had a community health and a public health system connected to the global health system that was fully funded, and this became the center of every nation's healthcare system. The health of the public was deemed more important than individual health triumph. Recovery from post pandemic recession brought ordinary people to the sub-burbs to live as a community, prosper and be in good health. Collective health and wealth became priority and small businesses in small communities were built around community healthcare systems, including environmental health for wellness and prevention.

In the 1980s, the progress gained in the past 50 to 60 years began to peak. Most communities were well established with funded preventive medicine approach to healthcare. Community health was free and the center of health of every community in the world and environmental health was priority when protecting the health of the public. Systems were in place connecting every healthcare establishment to community health, and public health connected all health entities within the community to healthcare services. The calculation then was free preventive services for all is cheaper than curative treatment of a handful of ill community members, hence the saying, "prevention is better than cure". The world started to embrace commercialization, and everything that could be commercialized was, including Healthcare Systems. Family practices connected to community health



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US Healthcare System: **Expected/Observed**

and public health became networks, and then hospital facilities with regional catchment areas replaced public health systems, all commercialized pay-for-service.

By the 2010s, Healthcare networks and hospital facilities had become fully commercialized and public health was defunded or outrightly shutdown. Catchment area healthcare gained ground as community health shrunk. Partnerships in global health and the US public healthcare systems were phasing out. Even preventive medicine and infectious disease control medical trainings were scrapped, and it became difficult to find jobs for these physicians. The prevention standards were lowered, and preventive medicine was handed down to other healthcare workers as task shifting. Public health had become unfunded, cautions in place were removed and the standards lowered. The first catastrophic pandemic was witnessed as H1N1 and then Ebola.

In 2020, within one month of sighting the virus that caused COVID-19, there was a global pandemic. All cautions in place were already removed and the health of the public was already defunded, so the Healthcare networks and hospital facilities were asked to step-in, and they failed. The public health entities and the remaining community healthcare systems were unfunded so lacked response capacity and so the government took over the situation. The COVID-19 pandemic began and there was global lockdown.

Healthy People =
Healthy National Economy

Stages of grief:

“denial”

“anger”

“bargaining”

“depression”

“acceptance”

=

Take Action

Health Care Dysfunction =
Economic Dysfunction

Health of the People =
Healthy Economic Status

Why did a Cold Virus pandemic emergency state “last over three years”?

Common Cold Viruses have always been endemic to the human population, at least in the 20th and 21st Century. It is the expectation that every now and then, a strain or variant of the common cold virus, that is uncommon will spread, causing a flu-like situation in an endemic state lasting two weeks to three months and then resolve, and become common, but this was not observed.

In 2020, the COVID-19 pandemic began and global health, public health, and community health all over the world were called to take action and curtail the spread. What is left of the public health systems in US were also called to action. To curtail an outbreak or a sentinel event, active surveillance with border control is the initial step. Active testing diagnosis and treatment, while preventing more public spread is expected. Most outbreaks are curtailed within 3 months and sentinel events are cleaned up. The 2020 events were defined as the COVID-19 pandemic, and active surveillance were not executed as expected. Hospitals and catchment area healthcare facilities were asked to step-in, and these were quickly overwhelmed. They pulled out. Health care facilities would only help with severe and critical cases. All other cases were asked to stay home and self-care. There was not enough capacity among the public health systems in US to implement homebased care initiatives to care for the mild and moderate cases at home. Some of those at home became severe and critical cases and many died before getting to the hospital or at the hospital door, while waiting for care.



US Healthcare in Reform

Common Cold Virus: **Observed/Expected**

In **2021**, high risk for severe disease and death were defined and more passive surveillance was observed in US. While the nation waited for vaccines and antivirals to be developed and disseminated, it was anticipated that deaths would reduce and lockdown strategies hurting the economy will come to an end. Deaths reduced over time, but that is expected with every viral disease as the virus life cycle settles in on its target replicating and then releasing in vicious cycles. Viral infections time-out and gene-expression or re-expression depending on stimulus from the environment predicts lifecycle of viruses. When more deaths and mild diseases were observed, even though they were triumphantly deemed vaccines and antiviral victories, natural immunity and viral disease timeline, lifecycle and or timed-out was expected to play a big role too. The psycho-social effect of COVID-19 and Long COVID-19 was being investigated as first steps, accepting the fact that COVID-19 causes not only acute viral infections, but insults and injury to the body causing chronic post-COVID-19.

In **2022**, it was no surprise to the medical world, when after a year of vaccines, reduced COVID-19 deaths and treatment, there was a new strain or variant circulating and vaccines, natural immunity and treatment did not help curtail the spread of this new strain. The psycho-social effect of COVID-19 and Long COVID-19 continues to be investigated. Maternal deaths, miscarriage and stillbirth were also attributed to both acute and chronic phases of COVID-19.

In **2023**, after two years of vaccines and one year of antiviral treatment, the emergency state of COVID-19 ends. The Acute Phase of COVID-19 ends and the Chronic

Alpha
(Dec 2020)

Beta
(Dec 2020)

Delta
(June 2021)

Omicron
(Dec 2021)

??

Phase of COVID-19, post-COVID-19 conditions begins....

Why is there a lingering effect of the Cold Virus, "Long COVID-19"?

In the fourth year of the common cold virus, COVID-19 Pandemic, the world observes the greatest public health post viral event ever seen over the past two centuries. About 60% to 80% of the regional population are ill at the same time with mild, moderate, severe, and critical illness; and the common cold virus post viral event did not last for two weeks or three months as expected; instead it is ongoing with a snowball effect over the years, seen in 30% to 50% of those with COVID-19 symptoms. Even the mild cases and the asymptomatic exposed have shown signs of this event, now lingering for years at a time with no signs of relief. This has reduced the stability of a healthy workforce globally, affecting the stability of the economy of the world – "Economies of Scale" and eventually "Economies of Scope", hence the current global recession.

Fourteen days after infection and disease, it is expected that the body would resolve the acute infection and heal. Post viral conditions are given up to three months for the body to work on healing, any process up to three months is a sign of potential chronic sequel setting-in. The chronic sequel is then examined and investigated to assess the extent of damage to the body during the post viral healing process. . This is expected but was not observed for COVID-19.



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Common Cold Virus: **Observed/Expected**

In 2020, the post-acute phase of COVID-19 was seen as extreme fatigue, chronic cough resulting in pneumonia (including possibility of superimposed infections) and exacerbation of cardiovascular and endocrine co-morbidity leading to death in both elderly and those at risk, including marginalized and vulnerable populations with little or no access to healthcare before the pandemic, and with even less access during the pandemic lockdown. Sudden unexpected deaths have been observed in both young and old due to this post-acute phase of the COVID-19 disease, -this was not expected.

In 2021, the post-acute phase of COVID-19 was seen as extreme fatigue, neurological deficit, cardiovascular sequel including vasospasms causing multi-organ dysfunction arrhythmias and sudden death. The multi-organ dysfunction also included weight gain by at risk and vulnerable population, which was the endocrine failure combined with heart and kidney dysfunction caused by the vascular damage. This weight gain was in-fact fluid retention, multi-organ decompensation of the body, causing excessive preload of the heart and further decompensation of the heart (heart beating fast/funny especially when exerted or during fast movement while bending down or getting up).

This multi-organ damage caused both COVID-19 related and associated deaths. Death related to COVID-19 are complications due to co-morbidities before COVID-19; and deaths associated with COVID-19 are due directly to COVID-19 and/or to complications seen after the acute phase of COVID-19, that were not diagnosed before the COVID-19 infection.

Alpha
(Dec 2020)

Beta
(Dec 2020)

Delta
(June 2021)

Omicron
(Dec 2021)

??

Now that COVID-19 is rampant and moving towards endemic strains or variants, exposure and re-exposure is eminent, causing a snowball effect of insults and healing process repetitively causing varying degrees of multi-organ decompensations that have caused a normal healthy population to be weak and chronically ill. The chronic illness laps/lag time for diagnosis have shortened for those who have genetic predisposition, are at high risk, are vulnerable populations lacking access to healthcare services or were borderline or pre-cardiovascular or pre-endocrine disease before the pandemic.

Sudden unexpected deaths have been observed in both young and old due to the post-acute phase of COVID-19. This was not expected.

Early February 2021 the US National Institute of Health launched research on post-acute COVID-19 disease, "Long COVID". Preventing, treating, and managing the chronic phase of COVID-19 became priority.

In 2022, the post-acute phase of COVID-19 was seen as extreme fatigue, neurological deficit, cardiovascular sequel including vasospasms causing multi-organ dysfunction arrhythmias and sudden death. Chronic exposure to COVID-19 virus and mild COVID-19 was also reported in individuals with chronic COVID-19.

Current antivirals and vaccines were not observed to prevent chronic COVID-19 as expected. US National Institute of Health continued research on post-acute COVID-19 disease, "Long COVID".

































The Pandemic: **Observed/Expected** COVID-19 News, January 2020 - April 2023.....

Observed News	Expected News
<ul style="list-style-type: none"> Disinfectants and Alcohol Kill Droplet COVID-19 	<ul style="list-style-type: none"> For all Germs including Airborne COVID-19, Use Soap and Water. Most Disinfectants Kill 99% Germs. 1% is for Viruses.
<ul style="list-style-type: none"> COVID-19 is only Serious in Elderly and those with Co-Morbidity. 	<ul style="list-style-type: none"> COVID-19 Could be Serious in Young and those without Co-Morbidity.
<ul style="list-style-type: none"> COVID-19 Does Not Affect Children or Adolescents, and is Usually Mild. 	<ul style="list-style-type: none"> COVID-19 Affects Children or Adolescents, and Could be Mild, Moderate, Severe or Critical.
<ul style="list-style-type: none"> COVID-19 in the Elderly and Those With Co-Morbidity have Increased Risk of Adverse Effects and Death. 	<ul style="list-style-type: none"> All Individuals are at Increased Risk for Adverse Effects and Death.
<ul style="list-style-type: none"> Only Antivirals can be used against COVID-19, a Common Cold Virus. 	<ul style="list-style-type: none"> Antimicrobials for Superimposed Infections and Homeopathic Medicines have Always Been Used for Common Cold Virus. Few Antivirals have Been Efficacious.
<ul style="list-style-type: none"> Vaccination and Use of Antivirals Reduce Severity of Infection and Adverse Effect, Including Re-Infection. 	<ul style="list-style-type: none"> Vaccination and Use of Antivirals Does Not Reduce Severity of Infection and Adverse Effect, Including Re-Infection.
<ul style="list-style-type: none"> Long COVID-19 Begins After 4 Weeks of Persistent COVID-19 Signs and Symptoms. 	<ul style="list-style-type: none"> Long COVID-19 Begins After 2 Weeks of Persistent COVID-19 Signs and Symptoms, Lasting for 3 Months.
<ul style="list-style-type: none"> Long COVID-19 is Only Seen in Severe or Critical Cases of COVID-19. 	<ul style="list-style-type: none"> Long COVID-19 is Seen in Exposed Asymptomatic, Mild, Moderate, Severe and Critical Cases of COVID-19.
<ul style="list-style-type: none"> Pregnant Women and Newborn Do Not Get Ill With COVID-19 When Mother is Vaccinated Against COVID-19. 	<ul style="list-style-type: none"> Most COVID-19 Vaccinated Mothers Get COVID-19 and May Loss Their Unborn Child and May also Suffer From Endocrine and Cardiovascular Complications of COVID-19.
<ul style="list-style-type: none"> Pregnant Women and New Mothers With COVID-19 May Have Children Who are Overweight and Prone to Obesity later in Life. 	<ul style="list-style-type: none"> Pregnant Women and New Mothers With COVID-19 May have Endocrine and Cardiovascular Complications, Making Their Babies Prone to Endocrine, Cardiovascular and Kidney Problems, Hence Edematous Leading to Miscarriages and Stillbirths.
<ul style="list-style-type: none"> Children Who are Overweight or Obese have Severe COVID-19 including Endocrine and Cardiovascular Sequel. 	<ul style="list-style-type: none"> All Children Exposed to COVID-19 May have Mild, Moderate, Severe and Critical COVID-19 including Endocrine and Cardiovascular Sequel.
<ul style="list-style-type: none"> Multisystemic Inflammatory Disorder in Children and Adolescents with Severe or Critical COVID-19. 	<ul style="list-style-type: none"> Kawasaki Disease and Toxic Shock Syndrome Usually Observed in Asian Children with Post-Viral Sequel and Guillain Barre Syndrome also Seen in Post-Viral Sequel Paralysis.
<ul style="list-style-type: none"> Both COVID-19 and COVID-19 Vaccines (Synthesized/Live) Affect the Cardiovascular System and So Cardiac Sequel Occurs. 	<ul style="list-style-type: none"> Both COVID-19 and COVID-19 Vaccines (Synthesized/Live) Cause Both Cardiac and Vascular Damaging Insults to all Organs Via the Vessels Supplying the Organs –Multisystemic Vascular Insults i.e., Fibrosis of the Lungs.

US Healthcare Reform

The Plan:.....Where we are.

Long Corona Virus Disease **Observed**.....

Corona Virus	2020 	2021 	2022 	2023 
 Alpha (Dec 2020)	Weakness & Fatigue in Healthcare & Frontline Workers –2Weeks to 3Months	50%-60% of Healthcare & Frontline Workers –2Years	30%-50% of Healthcare & Frontline Workers –3Years	25%-50% of Healthcare & Frontline Workers –4Years
 Beta (Dec 2020)	Cardiovascular & Endocrine Health Complications in Healthcare & Frontline Workers –3Months to 6Months	25%-50% of Healthcare & Frontline Workers –2Years	25%-35% of Healthcare & Frontline Workers –3Years	15%-30% of Healthcare & Frontline Workers –4Years
 Delta (June 2021)	60%-75% Death in those with Co-Morbidity 	Weakness, Fatigue, Cardiovascular & Endocrine Health Complications in Healthcare & Frontline Workers, Children & Adults without Co-Morbidity –6Months to 1Year	25%-35% of Healthcare & Frontline Workers, Children & Adults without Co-Morbidity -2Years 	15%-30% of Healthcare & Frontline Workers, Children & Adults without Co-Morbidity – 3Years 
 Omicron (Dec 2021)	50%-60% Death in those with Co-Morbidity  	Weakness, Fatigue, Cardiovascular & Endocrine Health Complications in Healthcare & Frontline Workers, Children & Adults without Co-Morbidity Workers –1Year to 2Years	25%-35% of Healthcare & Frontline Workers, Children & Adults without Co-Morbidity -2Years  	15%-30% of Healthcare & Frontline Workers, Children & Adults without Co-Morbidity – 3Years  
 ??	50%-60% Death in those with Co-Morbidity   	25%-50% Death in those with Co-Morbidity   	25%-50% Death in those with Co-Morbidity   	15%-30% Death in those with Co-Morbidity   









US Healthcare in Reform

The Pandemic: **Observed** COVID-19 **Cases & Deaths** January 2020 - April 2023.....

Observed #	Long COVID-19 Observed Activities
December 2019 	<ul style="list-style-type: none"> Corona Virus (Common Cold Virus) New Strain/Variant is Sighted in China and Reported to World Health Organization -WHO and Center for Disease Control and Prevention -CDC. The Pandemic Clock Starts..... 
February 2020 	<ul style="list-style-type: none"> Corona Virus Sighting Locations are Tracked and Tallied, Locked Down, and an Out-break or Epidemic or Pandemic is Declared. Two weeks (14 days) given for the disease to progress and resolve. Initial Steps taken to Lockdown the US Population in Order to Curtail Disease Spread.
March 2020 	<ul style="list-style-type: none"> All Hazards, Disaster Protocols and Economic Stimulus Initiated: Testing , Diagnosing, Contact Tracing Systems, Quarantine and Isolation Orders Begins..... Curtail Spread of COVID-19 via Passive Surveillance Individuals with Co-Morbidities: Chronic Lung, Cardiovascular and Endocrine Diseases and the Immunocompromised Died in Excess. Individuals with <u>NO</u> Co-Morbidities: Stated having Sudden Onset of Lung, Cardiovascular and Endocrine Diseases and Signs of Immunosuppression Post-COVID-19, Beyond 14 Days.
May 2020 	<ul style="list-style-type: none"> Research and Development for Treatment and Vaccines: Emergency Treatment Authorizations of Plasma/Monoclonal Antibodies. Essential Frontline Workers in US: Fatigued, Weakened beyond 14 Days and Dying in Excessive, yet Encouraged to Keep Working. Non-essential Workers in US are Encouraged to Work from Home.
May-August 2020 	<ul style="list-style-type: none"> Multisystemic Inflammatory Disorder in Children and Adolescents Similar to Kawasaki Disease and Toxic Shock Syndrome Usually Observed in Asian Children with Post-Viral Sequel, Now Observed in All Races (May 2020). Summer Camps for School Age Children are Open and Monitored. Vaccine Clinical Trials Phase 2 and Phase 3 Begins.....

US Healthcare in Reform

The Pandemic: **Observed** COVID-19 **Cases** & **Deaths** January 2020 - April 2023.....

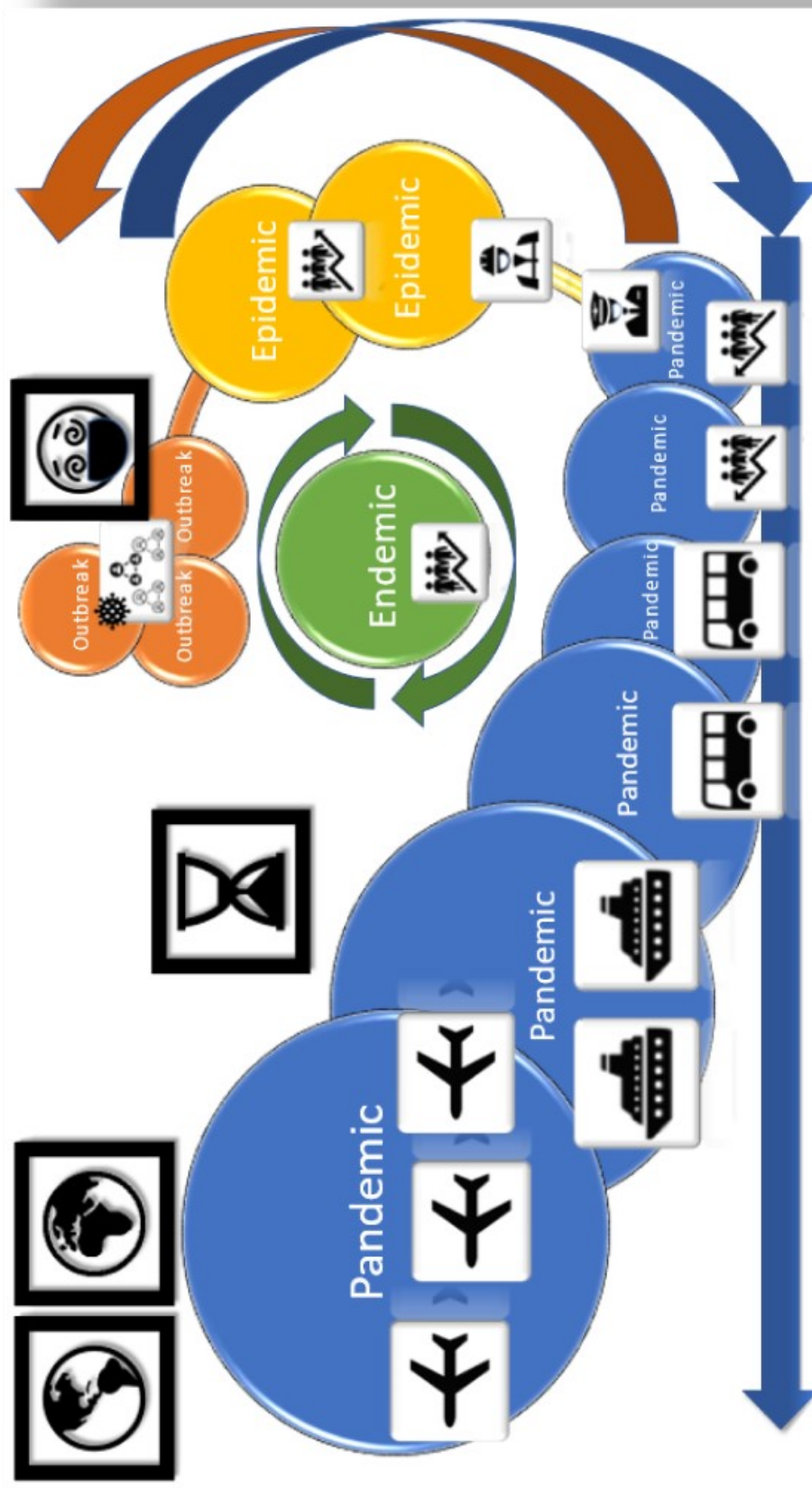
Observed #	Long COVID-19 Observed Activities
September-December 2020 	<ul style="list-style-type: none"> Schools are Encouraged to Reopen and are Monitored by School Nurses and the Department of Education Teams. Emergency Treatment Authorization: Monoclonal Antibodies for High Risk Individuals. Authorizations for Vaccines: Vaccine Clinical Trials Phase 4 begins with Selective Immunizations.
February 2021 	<ul style="list-style-type: none"> US National Institute of Health –NIH Launches Initiative to Study Long COVID-19
July-October 2021 	<ul style="list-style-type: none"> COVID-19 Vaccine for 12 years and above (May 2021) US Opens up after COVID-19 Lockdown (July 2021) US Hospitalization of Children Increase to over 3 per 100,000 US Population (September 2021) COVID-19 Vaccine for 5 years and above (October 2021)
September-December 2021 	<ul style="list-style-type: none"> US COVID-19 Deaths Reduce by 38.4%; to 61.6% of Peak (January 2021 vs September 2021) US Fully Vaccinated 55.5% of Population and COVID-19 Vaccine Booster after Primary Series Offered (September 2021) US COVID-19 Surge: Beta and Delta Strains/Variants Overtaken by Omicron COVID-19 Strain/Variant Spread Across the World Within less than ONE Month (November/December 2021)
January-December 2022 	<ul style="list-style-type: none"> Universal COVID-19 Case Investigation and Contact Tracing Ends (February 2022) US National Institute of Health –NIH Initiative to Study Long COVID-19 Announced 50% Enrollment Target is Met for the Study Cohorts. Promised Interim Analysis For Release Early 2023: <ol style="list-style-type: none"> 1) Immune Dysregulation, 2) Cognitive Dysfunction, 3) Autonomic Dysfunction, 4) Sleep Disorders, and 5) Fatigue/Difficulty Exercising
January-April 2023  	<ul style="list-style-type: none"> COVID-19 Public Health Emergency Ends May 1, 2023 

Data Source: <https://www.nytimes.com/2021/09/30/us/covid-19-spread.html>, Reuters US COVID-19 Update Sept 30, 2021, USA Today, How bad is COVID-19 in kids? Oct 6, 2021



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The Corona Virus Pandemic, 2020/2021: **Observed**





US Healthcare Reform

The Plan:.....Where we are.

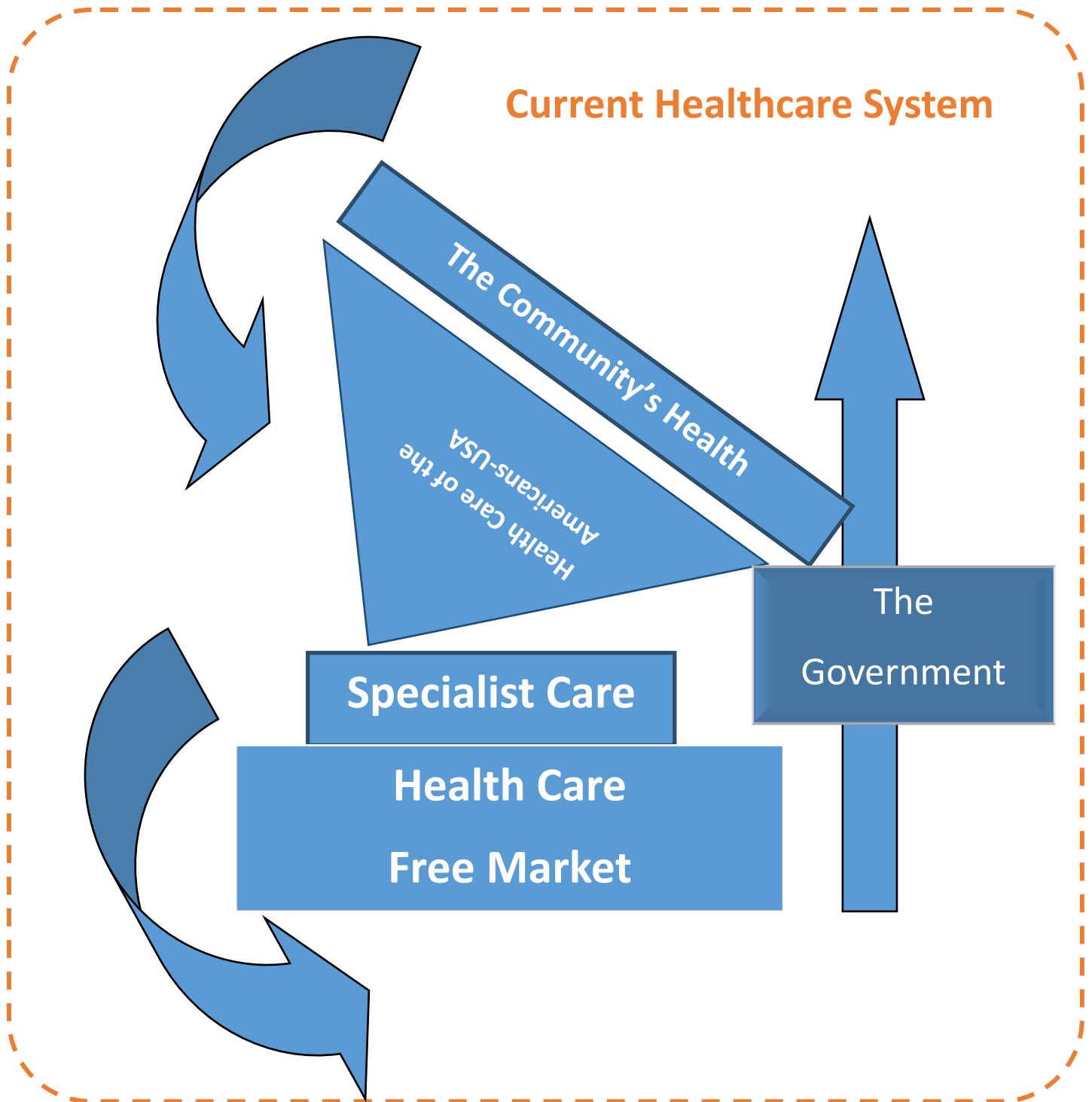
Giving **Power** back to the People

Major Functions of the Health Care System	The People within their Communities	The Government	Health Care Regulatory Agencies	Health Care Market	Government Administrative Agencies
Power	X	✓	✓	✓	X
Policy	X	✓	✓	✓	X
Funds	X	✓	✓	✓	X
Market	X	X	X	✓	X
Price	X	X	X	✓	X
Cost Savings	X	✓	X	X	X
Health Care Status	X	✓	✓	X	X
Customer Selection	X	X	X	✓	X



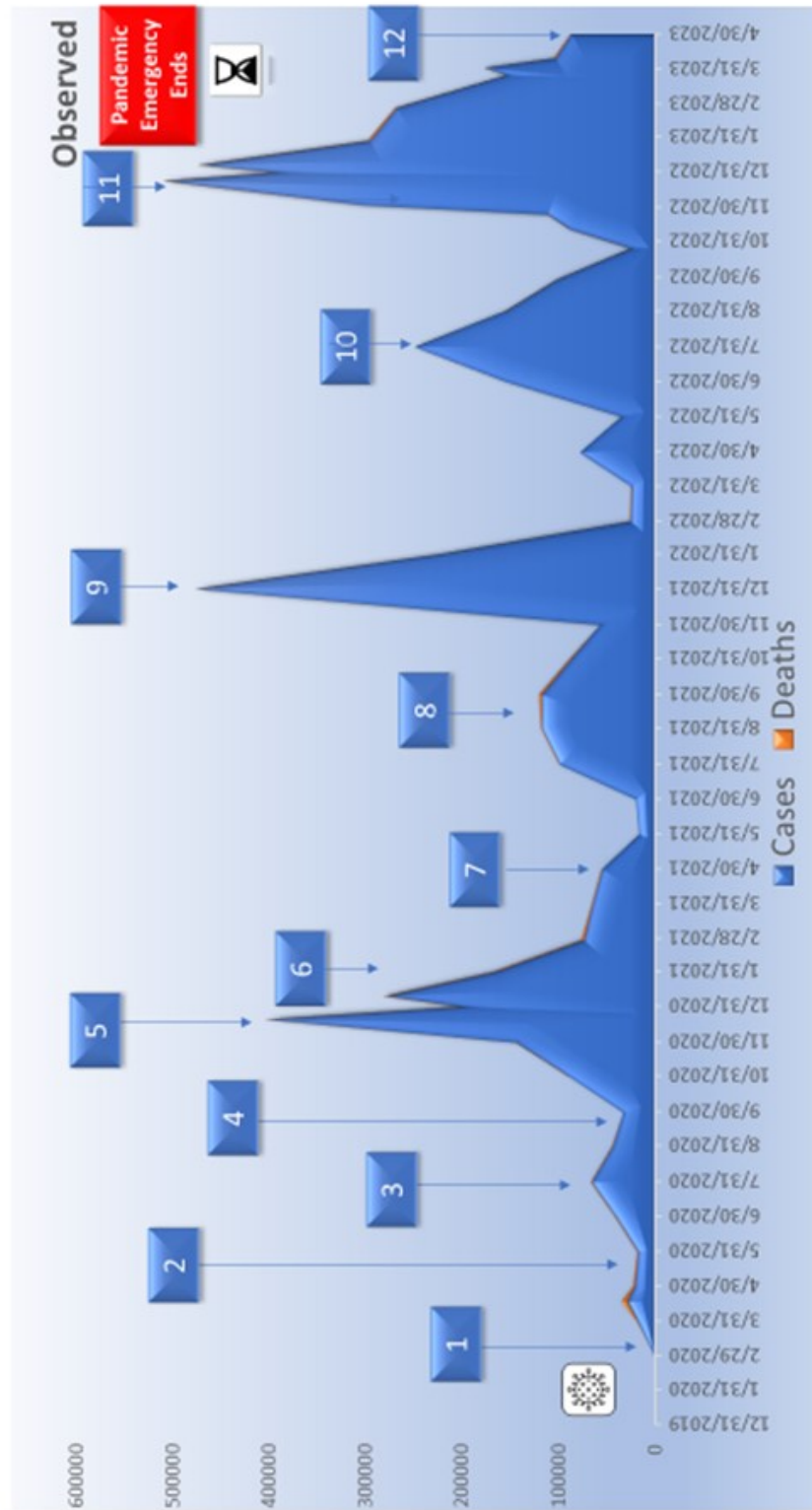
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.....**Where we are:** Power, Funds & Market



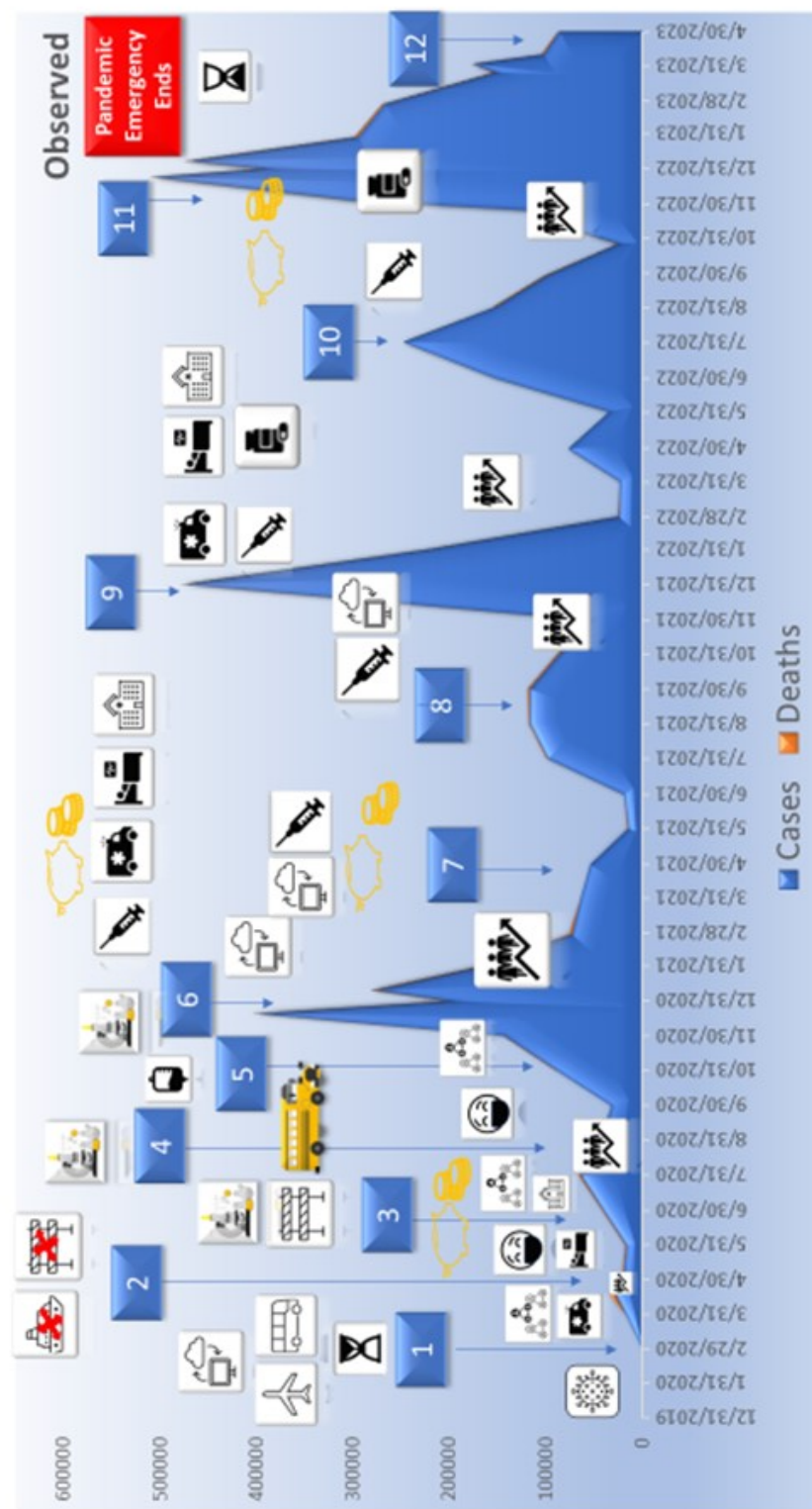
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The Pandemic: Observed COVID-19 Cases & Deaths 2020-2021-2022-2023



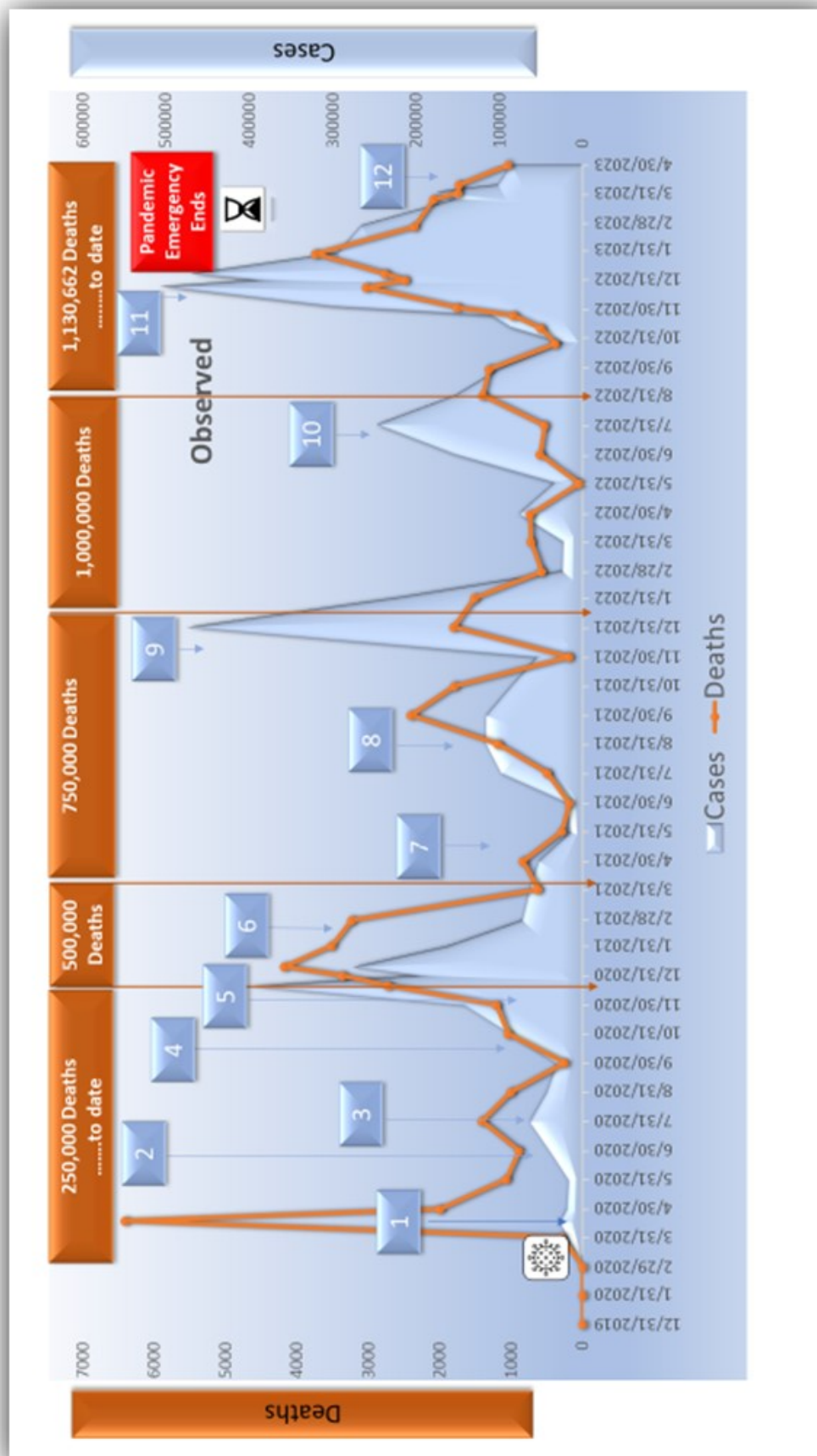
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The Pandemic: Observed COVID-19 Cases & Deaths 2020-2021-2022-2023



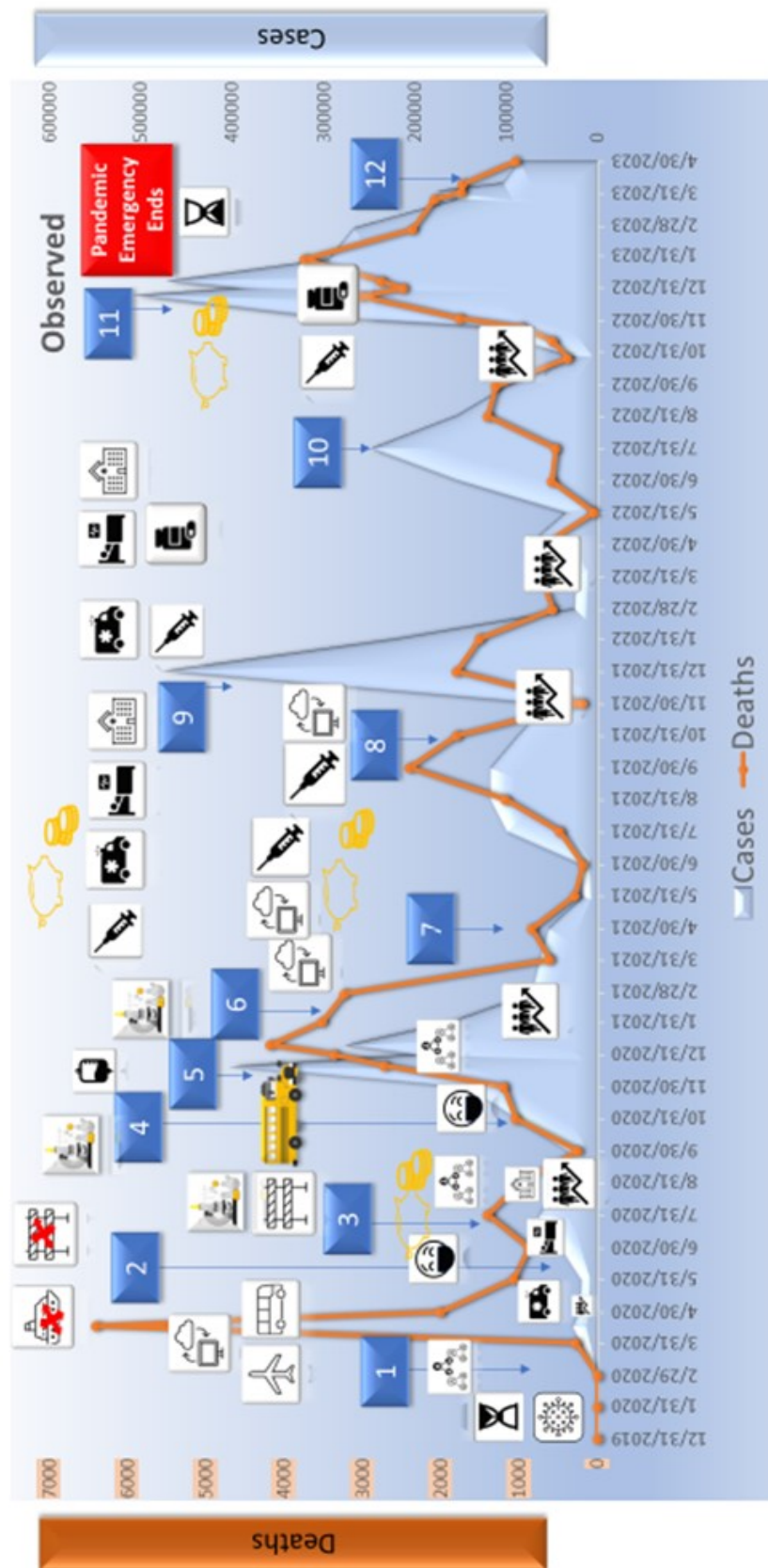
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The Pandemic: Observed COVID-19 Cases & Deaths 2020-2021-2022-2023



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The Pandemic: Observed COVID-19 Cases & Deaths 2020-2021-2022-2023



US Healthcare Reform

The Plan: **Where we should be.....**

Long Corona Virus Disease **Expected.....**

Corona Virus	2020 	2021 	2022 	2023 
 Alpha (Dec 2020)	Weakness & Fatigue in Healthcare & Frontline Workers –2Weeks to 3Months	5%-15% of Healthcare & Frontline Workers –2Years	2%-5% of Healthcare & Frontline Workers –3Years	1% of Healthcare & Frontline Workers –4Years
 Beta (Dec 2020)	Cardiovascular & Endocrine Health Complications in Healthcare & Frontline Workers –2Weeks to 3Months	2%-5% of Healthcare & Frontline Workers –2Years	1% of Healthcare & Frontline Workers –3Years	Less than 1% of Healthcare & Frontline Workers –4Years
 Delta (June 2021)	5%-15% Death in those with Co-Morbidity 	Weakness, Fatigue, Cardiovascular & Endocrine Health Complications in Healthcare & Frontline Workers, Children & Adults without Co-Morbidity –2Weeks to 3Months	1%-5% of Healthcare & Frontline Workers, Children & Adults without Co-Morbidity — 6Months to 1Year	Less than 1% of Healthcare & Frontline Workers, Children & Adults without Co-Morbidity — 2Years
 Omicron (Dec 2021)	5%-15% Death in those with Co-Morbidity 	Weakness, Fatigue, Cardiovascular & Endocrine Health Complications in Healthcare & Frontline Workers, Children & Adults without Co-Morbidity Workers –2Weeks to 3Months	1%-5% of Healthcare & Frontline Workers, Children & Adults without Co-Morbidity — 6Months to 1Year	Less than 1% of Healthcare & Frontline Workers, Children & Adults without Co-Morbidity — 2Years
 ??	5%-15% Death in those with Co-Morbidity 	1%-5% Death in those with Co-Morbidity 	Less than 1% Death in those with Co-Morbidity 	Less than 1% Death in those with Co-Morbidity 








US Healthcare in Reform

The Pandemic: **Expected** COVID-19 **Cases** & **Deaths** January 2020 - April 2023.....

Expected #	Long COVID-19 Expected Activities
December 2019 	<ul style="list-style-type: none"> Corona Virus (Common Cold Virus) New Strain/Variant is Sighted in China and Reported to World Health Organization -WHO and Center for Disease Control and Prevention -CDC. The Pandemic Clock Starts..... 
February 2020 	<ul style="list-style-type: none"> Corona Virus Sighting Locations Border Control, Air, Water, Land, Sea Discourage Unnecessary Travel All Hazards, Disaster Protocols Initiated: Testing , Diagnosing, Contact Tracing Systems, Quarantine and Isolation Orders Begins..... Curtail Outbreaks via Active Surveillance Two weeks (14 days) given for the disease to progress and resolve, while in isolation.
March 2020 	<ul style="list-style-type: none"> Define Disease and Disease Progression beyond 14 Days (14 days is the <u>usual estimated</u> inflammation body-healing process timeline) Protect Essential Frontline Workers Protect Marginalized and Vulnerable Population Investigate Common Cold Remedies for the Treatment of COVID-19
May 2020 	<ul style="list-style-type: none"> Encourage Work from Home and Hybrid Schools (Online/In-Person) Determine Biological Origin and Virulence of Virus Research and Development: Treatment and Vaccines (Phase 2/3 Clinical Trials) Well Defined COVID-19 Disease and Long COVID-19 from Observational Studies of Isolated Cases -Launch Longitudinal Studies on Long COVID-19
May-August 2020 	<ul style="list-style-type: none"> About 5%-15% Death in those with Co-Morbidity; 5%-15% of Healthcare & Frontline Workers Over a 2Year Period Authorizations/ Phase 4 Clinical Trials ⇒ Common Cold Remedies ⇒ Immunoglobulins ⇒ Antivirals ⇒ Other Antimicrobials ⇒ Vaccine
September-December 2020 	<ul style="list-style-type: none"> COVID-19 Treatment and Prevention Modalities Readily Available: ⇒ Common Cold Remedies ⇒ Immunoglobulins ⇒ Antivirals ⇒ Other Antimicrobials ⇒ Vaccine (vaccination of all peoples of all ages as research deems fit –Target 75% of Population)

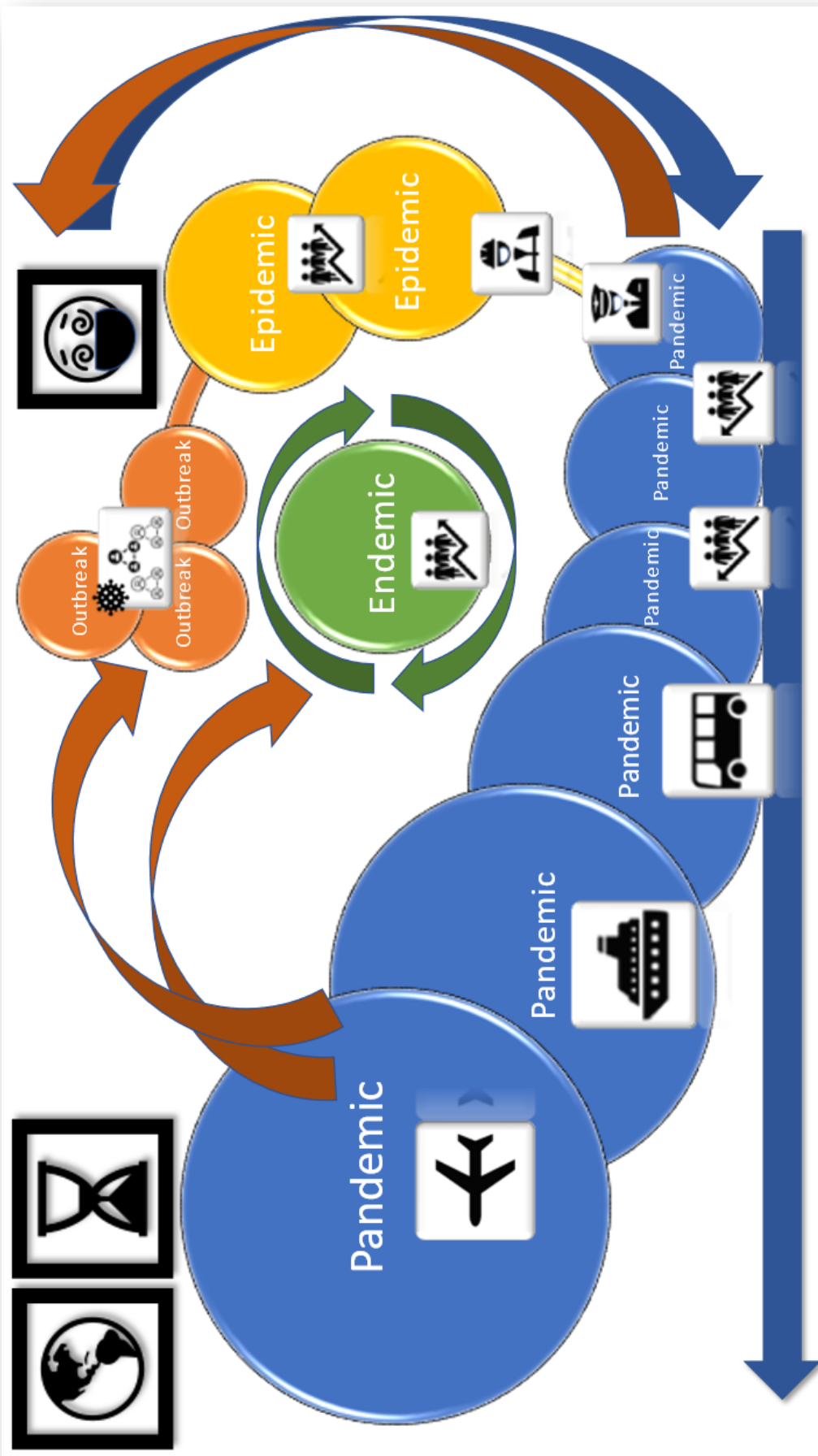
US Healthcare in Reform

The Pandemic: **Expected** COVID-19 **Cases & Deaths** January 2020 - April 2023.....

Expected #	Long COVID-19 Expected Activities
February 2021 	<ul style="list-style-type: none"> Continue to Encourage Work from Home and Hybrid Schools (Online/In-Person) Continue Border Control, Air, Water, Land, Sea Continue to Discourage Unnecessary Travel Continue All Hazards, Disaster Protocols Initiated: Testing , Diagnosing, Contact Tracing Systems, Quarantine and Isolation Orders Begins..... Curtail Sentinel Events of COVID-19 via Active Surveillance
December 2021 	<ul style="list-style-type: none"> COVID-19 Public Health Emergency Ends Less than 1% Death in those with Co-Morbidity Open up Border Anticipate COVID-19 Strains/Variants Based on Various Chemo-Pharmaceutical Interventions Definitive Prevention, Treatment and Psycho-Social Management of Long COVID-19 Continue to Encourage Work from Home and Hybrid Schools (Online/In-Person) Curtail Sentinel Events of COVID-19 via Active Surveillance Annual Vaccine Booster for High Risk Population
February 2022 	<ul style="list-style-type: none"> Prevention, Treatment and Psycho-Social Management of Long COVID-19 Pandemic Ends Health Care in Reform!
March-December 2022 	<ul style="list-style-type: none"> <u>COVID-19 Becomes One of the Endemic Common Cold Viruses</u> Curtail Sentinel Events of COVID-19 via <u>Passive Surveillance</u> Annual Vaccine Booster for High Risk Population Prevention, Treatment and Psycho-Social Management of Long COVID-19 <p>Health Care in Reform! </p>
January-December 2023  	<ul style="list-style-type: none"> Annual Vaccine Booster for High Risk Population Prevention, Treatment and Psycho-Social Management of Long COVID-19 <p>Health Care in Reform!</p>

US Healthcare in Reform

The Corona Virus Pandemic, 2020: **Expected**





US Healthcare Reform

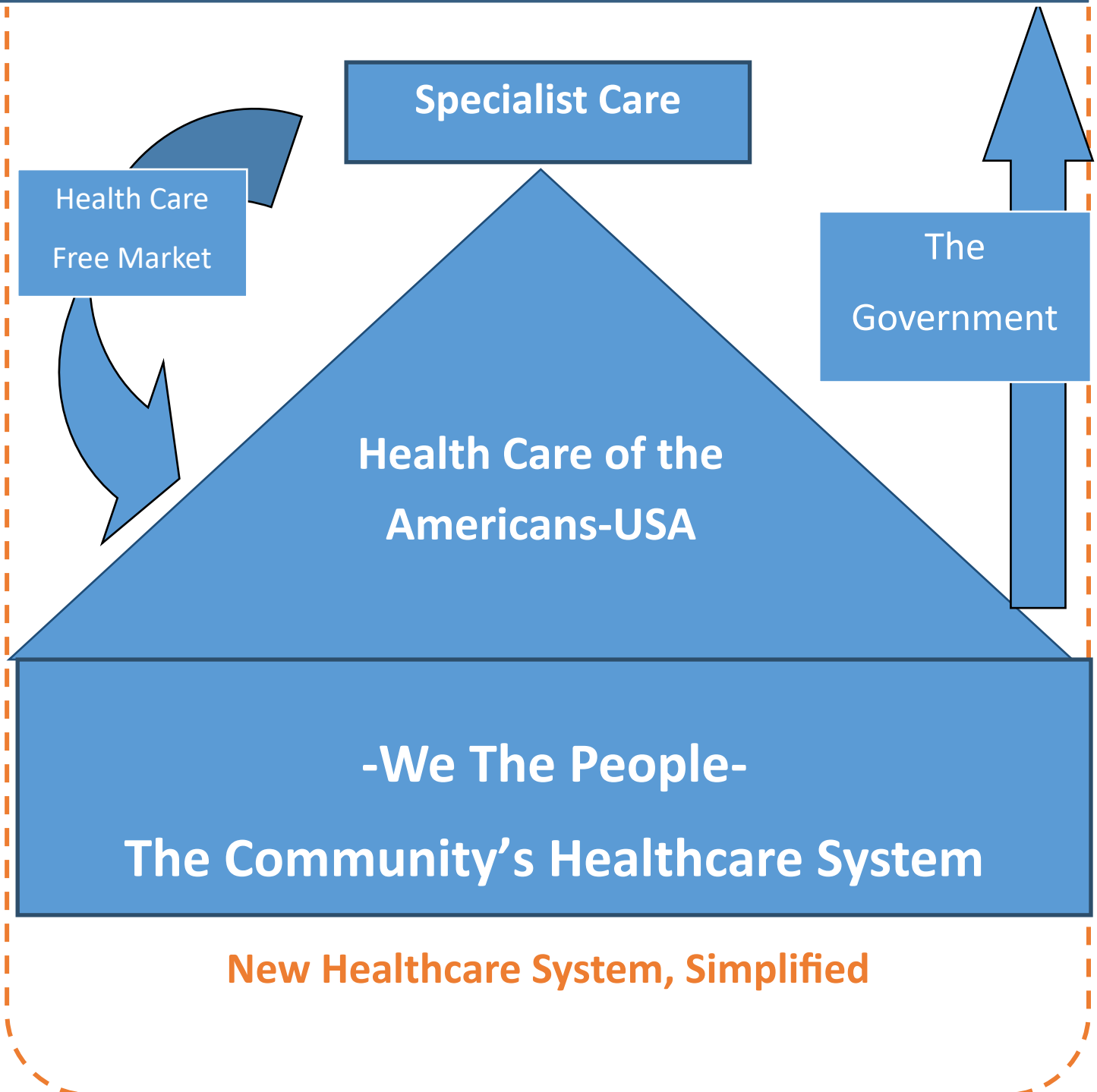
The Plan

Where we should be..... Giving **Power** back to the People

Major Functions of the Health Care System	The People within their Communities	The Government	Health Care Regulatory Agencies	Health Care Market	Government Administrative Agencies
Power	✓	X	✓	X	X
Policy	✓	X	✓	X	X
Funds	✓	✓	✓	X	✓
Market	✓	X	X	X	X
Price	✓	X	X	X	✓
Cost Savings	X	X	X	X	✓
Health Care Status	✓	✓	✓	X	X
Customer Selection	✓	X	X	X	X

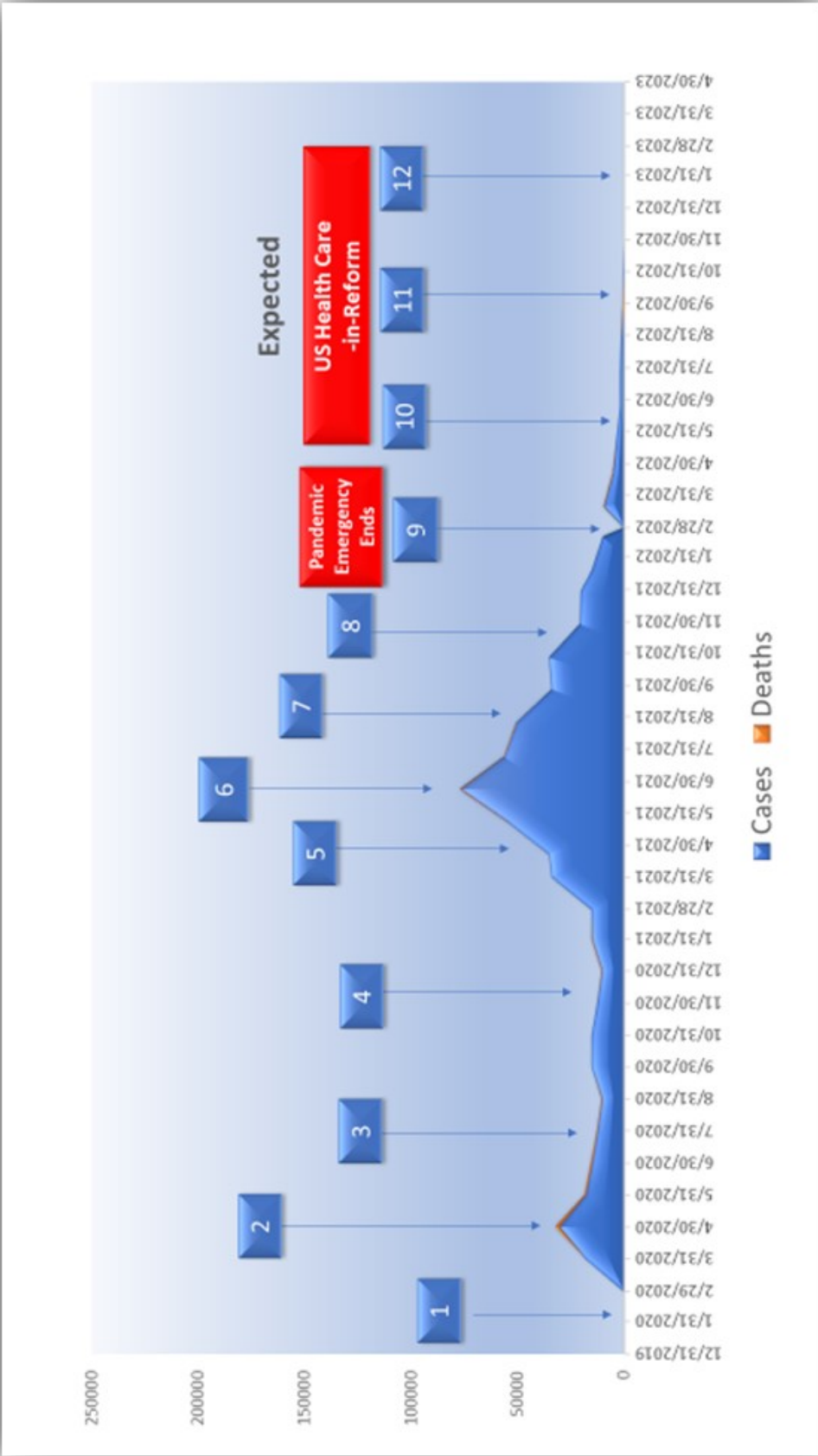


US Health Care in Reform
Where we should be.....
Community Based People Power



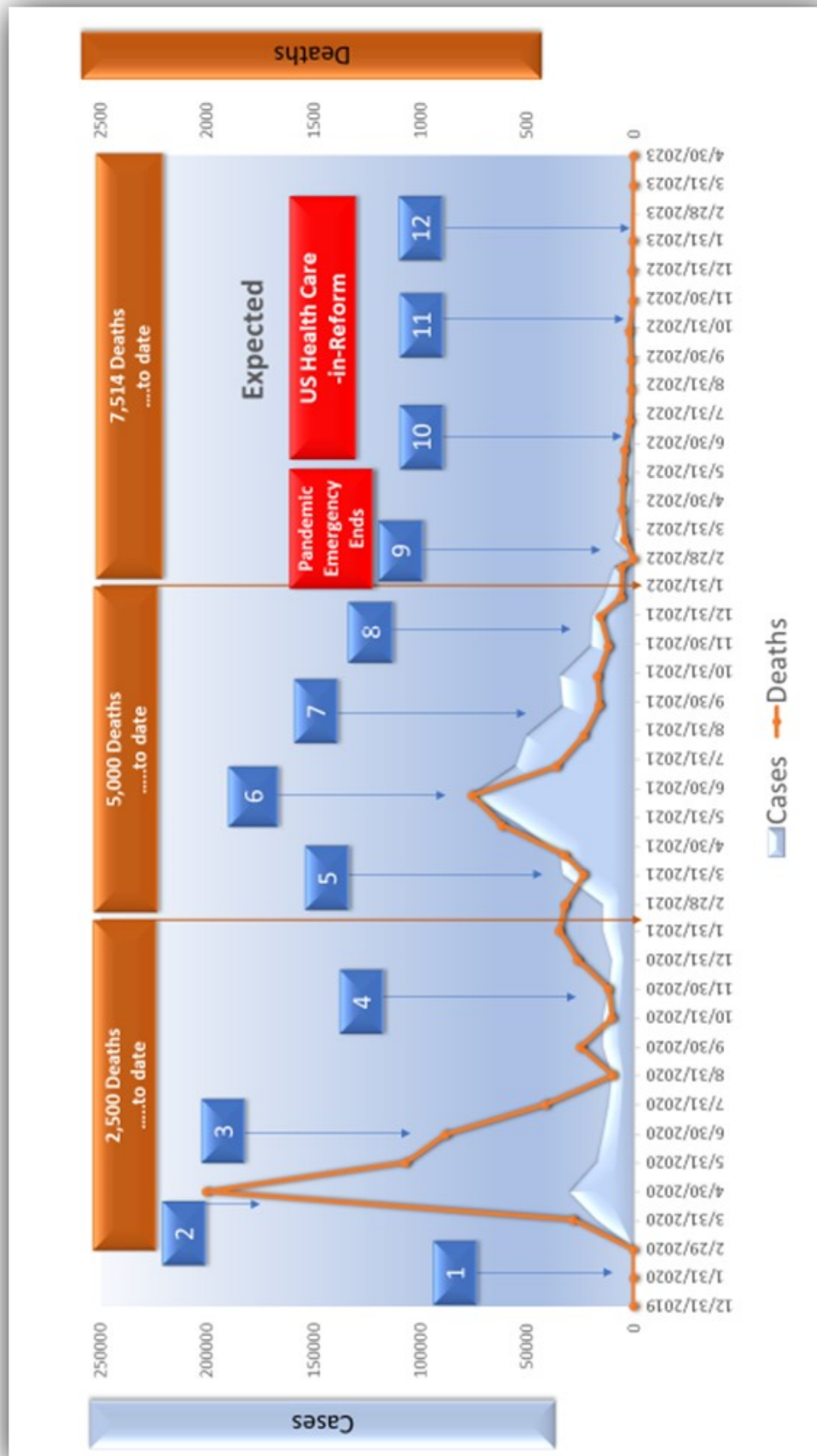
US Healthcare in Reform

The Pandemic: Expected COVID-19 Cases & Deaths 2020-2021-2022-2023



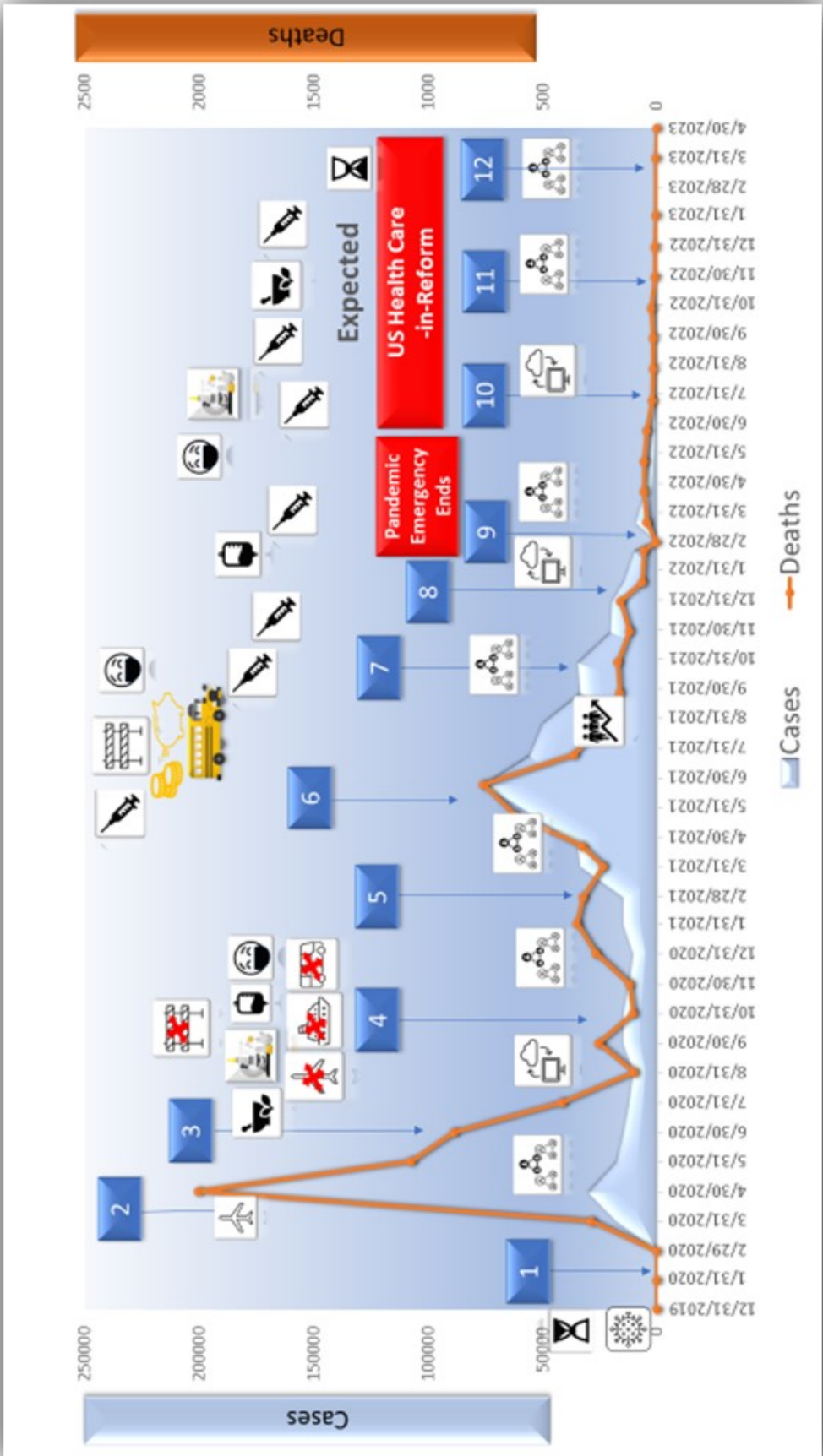
US Healthcare in Reform

The Pandemic: Expected COVID-19 Cases & Deaths 2020-2021-2022-2023



US Healthcare in Reform

The Pandemic: Expected COVID-19 Cases & Deaths 2020-2021-2022-2023



US Health Care in Reform

Review: The Pandemic Emergency Ends May 1, 2023

.....Where we are 2023.

Change Effect Score

48%

Components of the Change Effect	No Measurable Effort (Score = 1/5)	Some Measurable Effort (Score = 2/5)	Good Measurable Effort (Score = 3/5)	Strategic Measurable Effort (Score = 4/5)	Executed Measurable Effort with Optimal Change Outcome (Score = 5/5)
Knowledge of need for Change	✓	X	X	X	X
Well defined change goal	X	✓	X	X	X
System and Partnership for the change needed	X	X	✓	X	X
Sensitized the Leadership on the need for Change	X	X	✓	X	X
Set aside resources for Change	X	X	✓	X	X

✓	Excellent
✓	Good
✓	Poor

12/25

A Seed for Change Sown





US Healthcare in Reform

US Healthcare System: **The Change Effect**

Sudden unexpected deaths have been observed in both young and old, due to this post-acute phase of the COVID-19 disease, -this was not expected. Maternal deaths, miscarriage and stillbirth were attributed to both acute and chronic phases of COVID-19.

In early 2023, the post-acute phase of COVID-19 was seen as extreme fatigue, neurological deficit, cardiovascular sequel including vasospasms causing multi-organ dysfunction arrhythmias and sudden death. Maternal deaths, miscarriage and stillbirth were attributed to both acute and chronic phases of COVID-19. US National Institute of Health continued research on post-acute COVID-19 disease, "Long COVID".

On May 1, 2023 the emergency state of COVID-19 pandemic was ended by World Health Organization, and on May 11, 2023 US ended the emergency state of COVID-19. The acute phase of the COVID-19 pandemic has ended, and the chronic phase of COVID-19 begins.

US health and care systems in-reform takes into consideration the COVID-19 pandemic events and the US capacity for health care reform, by a measure of the change effect theory of A-Kins analysts:

- An assessment of the **Knowledge of need for Change** in US health and care systems shows mostly denial. The COVID-19 pandemic did not make the system acknowledge the need for change, which is expected, but not observed.
- Since US is in denial about the need for change, a **Well-defined change goal** is still lacking.
- Skeleton of the public health system remains, even though the flesh has been either unfunded, cautions in place were removed and standards lowered; **System and Partnership for the change needed** remain.
- There is some form of leadership need for change, after a long three year plus healthcare system strain, most leaders just want everything COVID-19 to be over. **Sensitized Leadership on the need for Change** is therefore pending.
- During the emergency state of the pandemic, only less than a quarter of

funds allocated to COVID-19 was for healthcare. Over three quarters went to the economy and business-ess, even though the pandemic revealed the state of US healthcare system. Unspent COVID-19 funds are also being swept for other economic and budget reasons. **Set aside resources for Change** is found wanting, as leadership is in denial about the cause of the COVID-19 Pandemic, -the state of US healthcare system.

Chronic Phase of COVID-19 and US Health Care In Reform,..... What is the Goal?

References	Source
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World Bank	https://data.worldbank.org/indicator/



The Best of Two Worlds: Bar Beach, on the Island, Lagos Nigeria

Published Letters to the Editor

Author: A-Kins Analysts and Project Managers

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Contact Author: A-Kins Analysts and Project Managers

1700 McHenry Ave

Suite #65B 184

Modesto, CA 95350

Phone: 209-272-6991

Website: www.a-kins-analysts.com

Facebook: <https://www.facebook.com/A.Kins.Analysts.Project.Managers>

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