

US: Healthcare in Reform



Part I

US —Health Care in Reform.....continued



US Healthcare in Reform

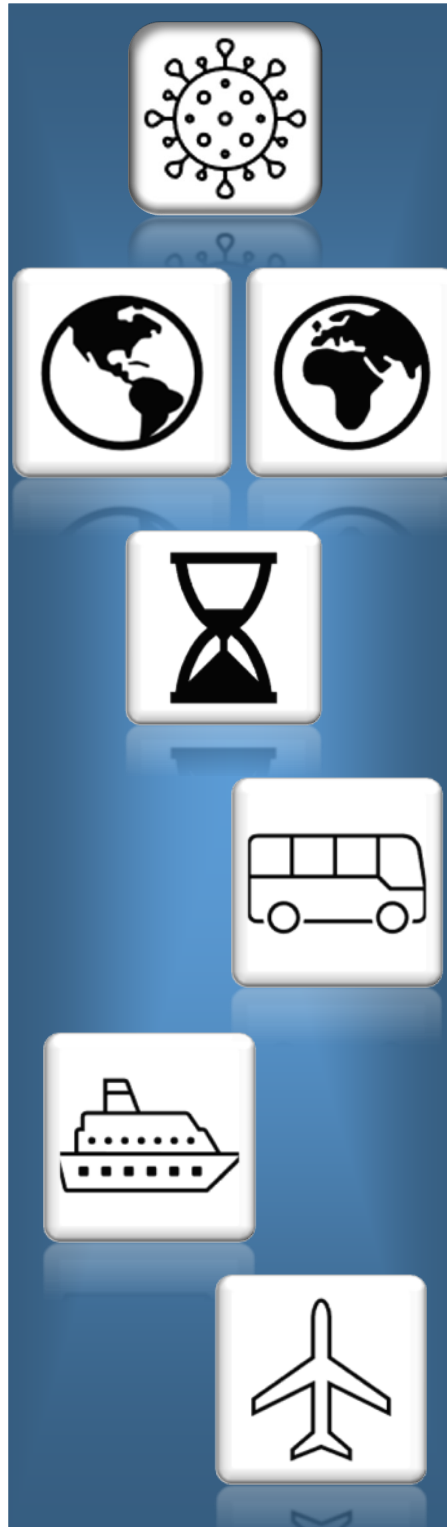
The Pandemic

The Pandemic

Outbreaks of every kind of disease precede pandemics all over the world in the ADs and BCs and were relatively contained within jurisdictions as endemic diseases. "People movement" from place to place and the development of good transportation, in the 1800s and 1900s, caused outbreaks and endemic diseases to become epidemics, and eventually pandemics.

People movement and transportation has been key to every pandemic in the world since the 1800s. With the development of antibiotics, for example, penicillin from fungus grown on food in 1928 by Alexander Fleming, less Bacteria diseases have been reported as epidemic diseases, and Viral diseases have since taken over the world as pandemics.

Viruses are peculiar organisms, so small that when sighted, they are sighted by their genetic proteins -RNA and or DNA. The small nature of viruses and ability to mutate (change in form) has made them difficult to treat or control. Hence, most medical science sense insist on prevention, rather than cure or control.



Pandemics in World History

In the 1800s, we had the Flu Virus Pandemic (1889); 1900s the Spanish Flu Virus Pandemic (1918), the Avian Flu Virus Pandemic (1957/1958), HIV/AIDS Virus Pandemic (1981); and in the 2000s, the Swine Flu Pandemic/H1N1 Virus Pandemic 2003/2009-2011), Ebola Virus Pandemic (2014), and now the Corona Virus Pandemic (2019/2020).

In the 1800s and 1900s, "People Movement" from Region to Region by foot, carriage/horses and ship caused the outbreaks to spread and become epidemics, and then pandemics. Since then, prevention has been key in curtailing the disease, while passive immunity via vaccines has been key keeping these diseases endemic every Flu Season. The "**Flu virus**" is also known as "**Influenza Virus**", with new strains of the virus being added to the vaccines developed each year, to prevent spread.

In the 2000s, we are being overwhelmed by viruses that have been difficult to find cures to, yet these viruses die so very easily in harsh environments. The HIV Virus, the Ebola Virus, and the Cold Virus called the Corona Virus.



US Healthcare in Reform

World History: The Pandemics

The Flu Virus Pandemic (1889)

The 1889 Flu pandemic began in Europe and quickly spread throughout the world, killing about 1 Million people. The 1889 Flu is currently endemic in many countries in the world and is being curtailed seasonally by Flu vaccines and epidemiologic studies to track its various strains.

The Spanish Flu Virus Pandemic (1918)

The 1918 Spanish Flu pandemic also began in Europe and quickly spread globally due to the movement of soldiers fighting in the World War I. About 500 Million people died worldwide. The Spanish Flu is currently endemic in many countries in the world and is being curtailed seasonally by Flu vaccines and epidemiologic studies to track its various strains.

The Avian Flu Virus Pandemic (1957/1958)

The Avian Flu began in Asia in 1957. Quickly spreading from China to Singapore, Hong Kong and globally, killing over 1 Million people worldwide. Avian flu is currently endemic in several Asian countries.



HIV/AIDs Virus Pandemic (1981)

The Human Immunodeficiency Virus (HIV) pandemic began in US in 1981, after being sighted in West Africa in the 1920s. About 35 Million died worldwide from the disease. Currently, 40 Million are living with the disease, having become endemic in several countries. Over 64% of those living with the disease are black, living in sub-Saharan Africa, where HIV/AIDS is still an epidemic disease. There is no vaccine for this virus and although there has been reports of cure in 2020, there has not been enough studies to support the reports of cure.

The Swine/H1N1 Flu Virus Pandemic (2003/2009-2011)

Various strains of the Swine Flu virus were seen in various countries from 1947-2003, but in 2009, a new Mexican population was introduced to the Swine Flu virus strain, H1N1. The virus quickly spread, infecting over 1.4 Billion people worldwide within 1 year, causing about 0.5 Million deaths. The virus infections were mainly seen in children and young adults, but the deaths were more in 65 years and older adults. The Swine/H1N1 virus is currently endemic in many countries in the world and is being curtailed seasonally by Flu vaccines and epidemiologic studies to track its various strains.



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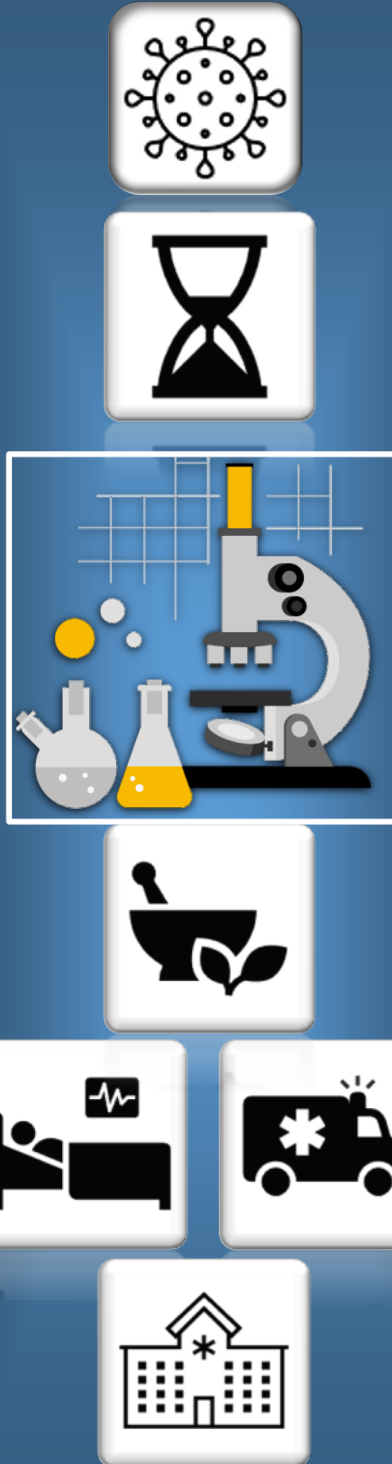
World History: The Pandemics

Ebola Virus Pandemic (2014)

The Ebola virus was initially sighted in Sudan and Democratic Republic of Congo, Africa in 1976, quickly spreading from family to family, ravaging whole communities. It was stalled and deemed a bio-terrorism attempt by many experts who had never seen such a virus ravaging communities at such a fast pace. Others record it as a virus originating from bats. It was contained as an epidemic.

The Ebola virus recurred in 2014, first sighted in Guinea in December 2013. It quickly spread across West Africa and the world as a pandemic with over 28,000 cases and 11,000 deaths. It was curtailed in 2016 as a West African epidemic and is now endemic in many West African countries, recurring in small outbreaks each year since 2016. Although the Ebola virus is tracked annually by epidemiologic studies, there is still no cure or vaccine for the disease.

All vaccines and curative remedies for the Ebola virus, are still under investigation.



The Common Cold Virus: Corona Virus (COVID-19)

There is no cure for “Common Cold virus”, each year people catch a cold and use family and cultural remedies to overcome the Cold virus, including over the counter remedies: honey, lime/Lemon, berries, fruits, vitamins, ginger, and so on. These Cold viruses have become common and endemic in the world. Yet, a Cold Virus has brought the World to its knees in the 2000s.

The Common Cold Virus, “Corona Virus” is an RNA virus that is larger than usual, with its “Crown” surrounding it in a way that once severed, it causes the virus to die very easily with soap and water, or other mild antiseptic. The Corona Virus strain, COVID-19 was first sighted in December 2019 in Wuhan China, and Reported to CDC-Center for Disease Control, and Prevention/WHO-World Health Organization on December 31, 2019. Hence, the name COVID-19.

Once Herd Immunity is reached for the Corona Virus, COVID-19 either by active immunity or passive immunity or both, it gets lumped into the “Common Cold” Virus category, and the world moves on with its business as usual, until the next virus or strain of virus appears!



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World History: The Pandemics

Reducing “People Movement” has helped the Medical World catch-up on the viral classification, testing, treatment and vaccine development.

“Contact Tracing and Quarantine/Isolation” has helped reduce spread and keep the at-risk population safe.

“Treatment with plasma” has helped reduce the adverse health outcome and suffering from the disease.

“Vaccine administration” has helped reduce disease spread among those at risk and cause population herd immunity via passive immunity, when the whole population finally get a chance at the vaccine.

“Continued social distancing, covering of nose/mouth, and frequent hand washing” has helped reduce spread in such a way that little quantum of the virus can effect some degree of mild disease and cause population herd active immunity with time.

Eventually, the Corona Cold virus will become Common, occurring with other **“Common Cold Viruses”** every year, or perhaps generate enough curiosity to find a cure for Cold among Humans in the World!



Pros and Cons of the Closures

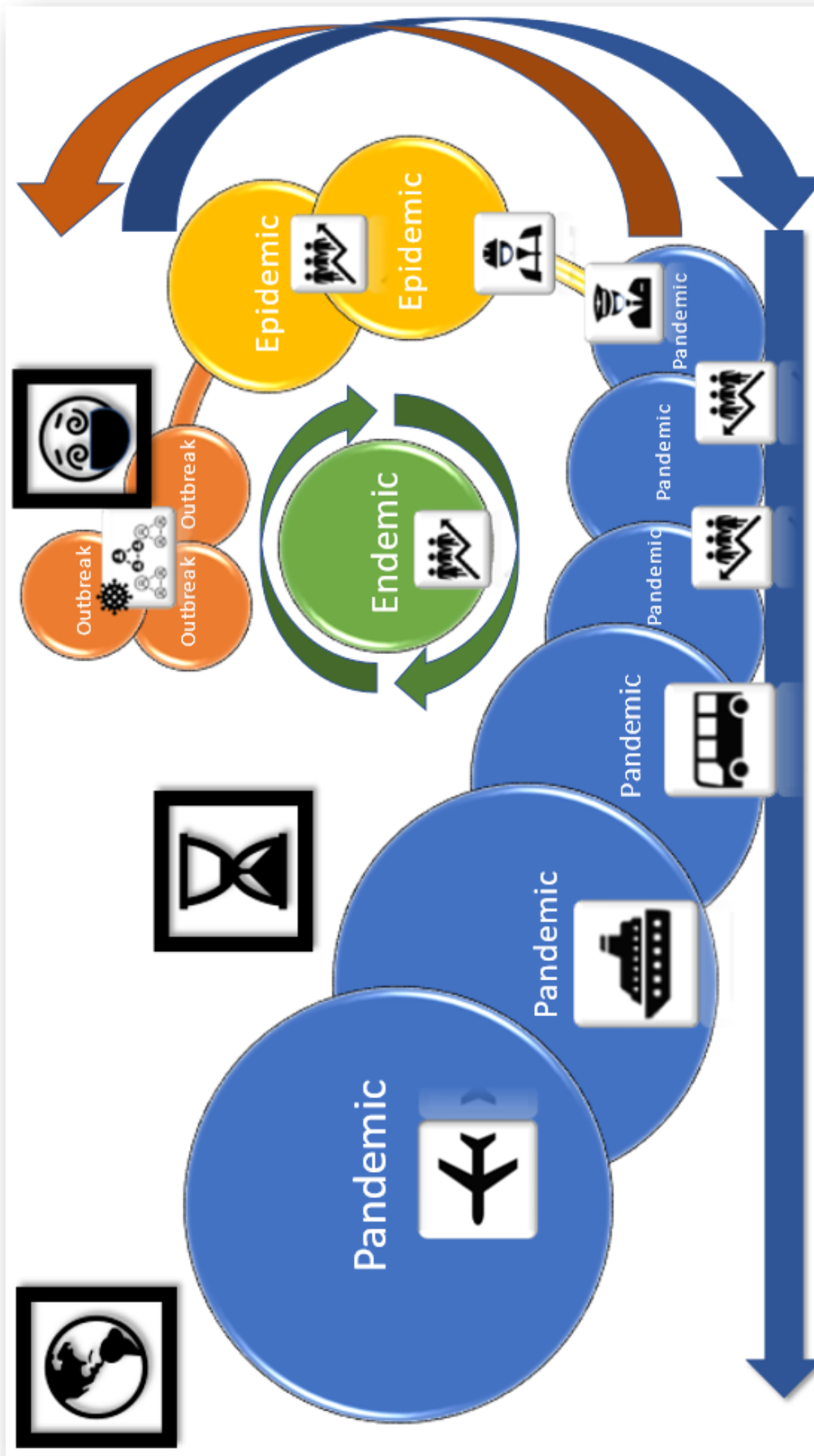
- Closing all Small Businesses while big businesses stayed open
- Closing all Primary Care Clinics, while primary care failed
- Closing all non-COVID-19 Hospital Care, while specialty care caused death
- Closing all Schools, while children, spread the disease, silently suffering
- Closing all Higher Institutions, while the at risk group of Educators lost their means of livelihood
- Closing all other services while opening only Essential Services, watching Essential Service staff beg for PPE -Personal Protective Equipment/Gears and catch the disease.

World War I (1914-1918): Number of deaths both US Civilian and Military was about 116,516 (with 53,402 lost in Combat and 63,114 lost to disease –1918 Influenza Epidemic)

World War II (1939-1945): Number of deaths in the Military was about 407,316

There has been about 350,000 Corona Virus Deaths in US; over 2 Million deaths worldwide and over 100 Million cases worldwide, as of December 31, 2020.....

US Healthcare in Reform The Pandemic





US Healthcare in Reform

History: The Pandemic

Epidemiology Terms Defined in a Simple Fashion

Medical Term	Simple Definition	Notes	Other Definition Reference
Outbreak	A collection of cases with a <u>known exposure and traceable spread</u> within the same jurisdiction	Various definitions exist on how many cases constitutes an outbreak , depending on disease and rate of disease transmission or disease outcome	https://www.cdc.gov/2019-ncov/cases-updates/about-epidemiology https://www.who.int/bulletin/volumes/89/7/11-088815/en/
Epidemic	A collection of <u>uncontrolled</u> outbreaks, within the same jurisdiction	Various institutions and jurisdictions or countries have varying definitions on what constitutes an epidemic , depending on disease and rate of disease transmission or disease outcome	https://www.cdc.gov/2019-ncov/cases-updates/about-epidemiology https://www.who.int/bulletin/volumes/89/7/11-088815/en/
Endemic	A collection of controlled outbreaks, or a controlled epidemic, within the same jurisdiction, <u>recycling in periods</u> , while <u>controlled</u> , <u>curtailed</u> and <u>contained</u> in the same Jurisdiction	Various definitions exist on how many cases constitutes an endemic category, depending on disease and rate of disease transmission or disease outcome	https://www.cdc.gov/2019-ncov/cases-updates/about-epidemiology https://www.who.int/bulletin/volumes/89/7/11-088815/en/
Pandemic	A collection of <u>uncontrolled</u> epidemics, <u>spanning several</u> jurisdictions, regions and countries or continents of the <u>world</u>	Various institutions and countries or regions/continents have varying definitions on what constitutes a pandemic , depending on disease and rate of disease transmission or disease outcome	https://www.cdc.gov/2019-ncov/cases-updates/about-epidemiology https://www.who.int/bulletin/volumes/89/7/11-088815/en/



US Healthcare in Reform

History: The Pandemic

Epidemiology Terms Defined in a Simple Fashion

Medical Term	Simple Definition	Notes	Other Definition Reference
Active Immunity	This is immunity to a particular disease for a period of time, due to infection by the organism or organisms causing the disease	Various institutions and countries or regions/continents have varying definitions on what constitutes an active immunity , depending on disease and rate of disease transmission or disease outcome	https://pubmed.ncbi.nlm.nih.gov/11078115/ https://www.who.int/news-room/q-a-detail/herd-immunity-lockdowns-and-covid-19 https://www.cdc.gov/vaccines/vac-gen/immunity-types.htm https://www.jhsph.edu/covid-19/articles/achieving-herd-immunity-with-covid19.html
Passive Immunity	This is immunity to a particular disease for a period of time, due to vaccination/immunization with proteins from the organism or killed organism or organisms causing the disease, intentionally introduced into the human body to cause an immune reaction protecting the human from the disease for a period of time	Various institutions and countries or regions/continents have varying definitions on what constitutes a passive immunity , depending on disease and rate of disease transmission or disease outcome	https://pubmed.ncbi.nlm.nih.gov/11078115/ https://www.who.int/news-room/q-a-detail/herd-immunity-lockdowns-and-covid-19 https://www.cdc.gov/vaccines/vac-gen/immunity-types.htm https://www.jhsph.edu/covid-19/articles/achieving-herd-immunity-with-covid19.html
Herd Immunity	A calculation of the number of people in a particular population that have to become actively and/or passively immune to a particular organism causing a particular disease, for a period of time in order for a particular population to be protected from the organism causing the disease for a period of time	Various institutions and countries or region s/continents have varying definitions on what constitutes a herd immunity , depending on disease and rate of disease transmission or disease outcome	https://pubmed.ncbi.nlm.nih.gov/11078115/ https://www.who.int/news-room/q-a-detail/herd-immunity-lockdowns-and-covid-19 https://www.cdc.gov/vaccines/vac-gen/immunity-types.htm https://www.jhsph.edu/covid-19/articles/achieving-herd-immunity-with-covid19.html

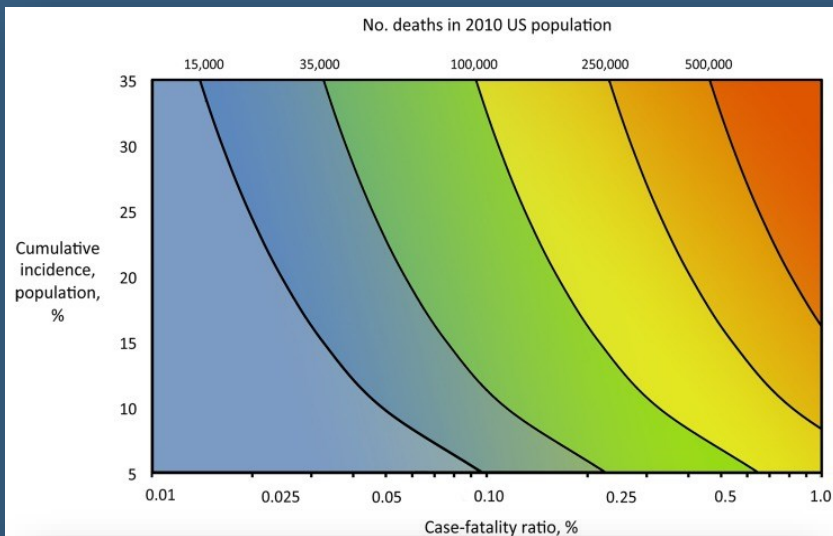


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History: The Pandemic

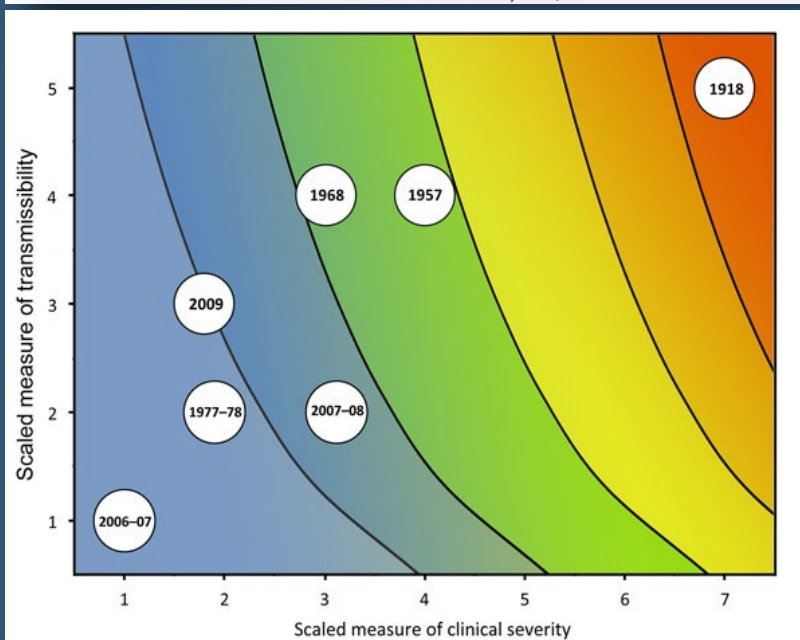
Epidemiology Terms Defined in a Simple Fashion

Medical Term	Simple Definition	Notes	Other Definition Reference
Flu Virus/ Influenza Virus	Influenza is an RNA virus. There are 3 types: Influenza A, B and C with various strains or variants including: Swine Flu Influenza Virus: H1N1, H1N2, H3N2; Avian Flu Influenza Virus A (H5N1, H7N9, HPAI-H5N8) and others like Influenza A(H5N1) Virus	New strains sighted for the first time in various populations in: 1989 H2N2 1900 H3N2 1918 HswN1 1947 H1N1 1957 H2N2 1968 H3N2 1977 H1N1 2009 H1N1	https://www.cdc.gov/flu/about/index.htm Principles and Practice of infectious Diseases; (Mandell, Douglas, and Bennett, 9 th Edition) Usually known as a Lower Respiratory Disease (Pneumonia) New Antigenic strains in the NA and HA glycoproteins cause new drifts and shifts that infect humans who have never been exposed to these new strains or have any form of immunity within a population.
Common Cold Virus/Corona Virus and Rhino Virus	There are over 200 RNA Viruses causing Cold, including strains of Rhino Virus and Corona Virus (causing 15% of adult common cold)		Principles and Practice of infectious Diseases; (Mandell, Douglas, and Bennett, 9 th Edition) Usually known as an Upper Respiratory Disease (Common Cold)



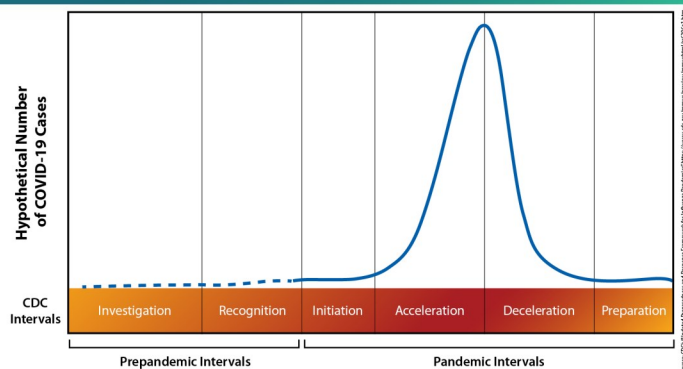
Novel Framework for assessing epidemicologic effects of Influenza epidemics and pandemics: Emerging Infectious Diseases. 19 (1): 85-91.

Hypothetical Influenza Deaths using the 2010 US Census across varying values of Case Fatality Ratio, a Severity Measure, and Cumulative Incidence, a transmissibility Measure.



Scaled examples of past influenza pandemics and past influenza seasons with the same color scale as the previous figure.

Preparedness and Response Framework for COVID-19 Pandemic



Influenza Intervals in the Center for Disease Control and Prevention-CDC's Pandemic Intervals Framework.

Outbreaks of respiratory illness, including pandemics caused by a new virus, typically follow a pattern and can be divided into intervals.

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)



US Healthcare in Reform

History: The 1889 & 1918 Pandemics

The New Deal!

Over the past three (3) centuries, the science of infectious diseases has improved, and the world said, “never again” to pandemics.

In the early 1900s, after the World War I and World War II, there was so much poverty and ill health that the Flu pandemic (1918) brought the world to a halt economically.

President Franklin Roosevelt in 1929, saw the need of the poor and the elderly in America and started initiatives to alleviate poverty and give the poor a chance at becoming middle class families.

The Economic and Social initiatives called the New Deal!

- Education for all children
- Social services for the elderly
- Social Services for the poor
- Work for the Men
- Healthcare services including prevention of infectious disease and community centers to treat the members of the communities.

These initiatives still hold true after 92 years of implementation. However, it is nearly a century old, America has quadrupled in population and the communities have become more divers. **There is a need for a “New-New Deal”!**

President Franklin Roosevelt's Economic & Social Initiatives, The New Deal!

Building Communities

After the World War I and II, it was important to build the American Communities and the various initiatives developed, helped America build a middle class, and take care of its old population and the poor at the same time. This made America Great and helped create the American Economy we know today.

Building Community Health Services

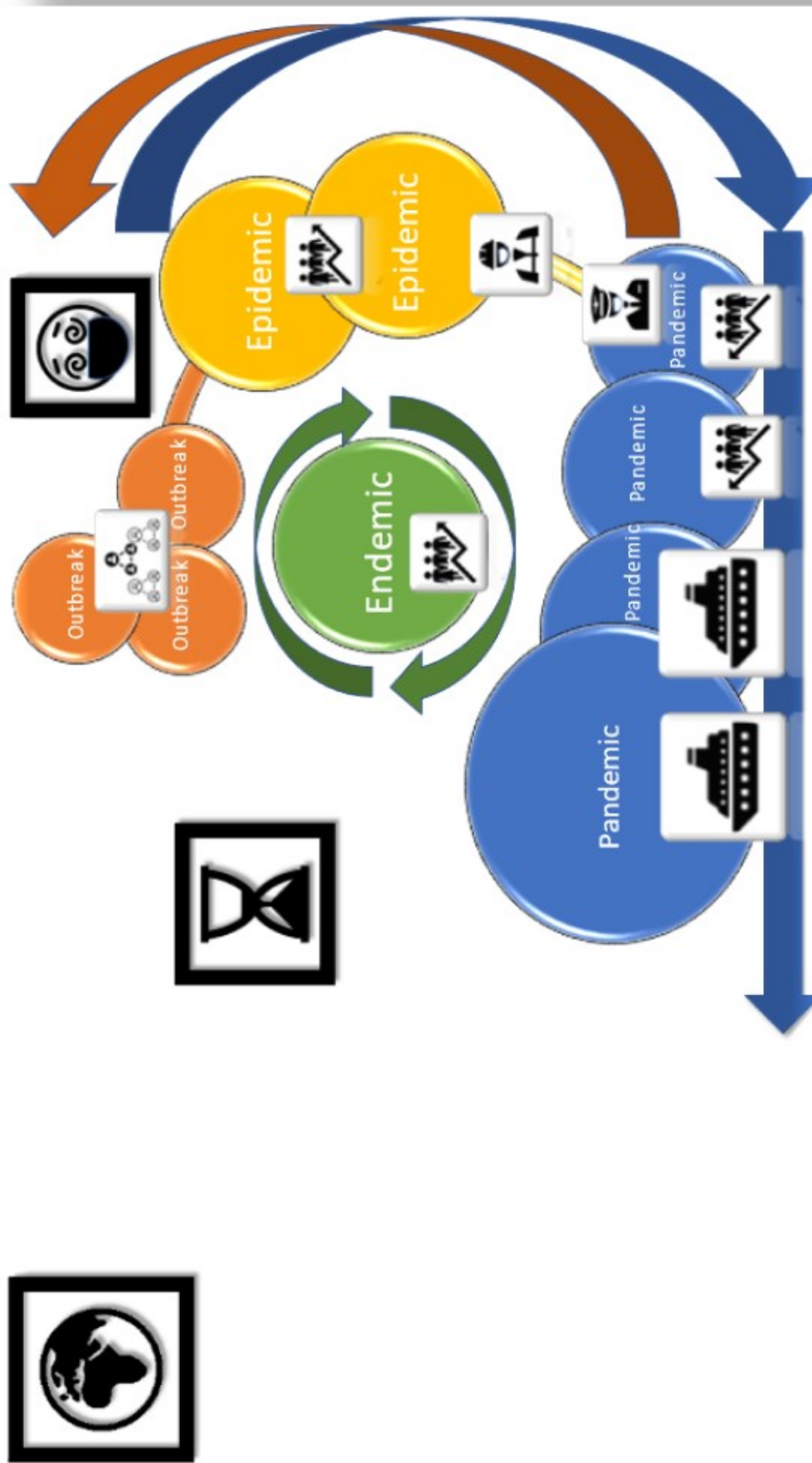
The two (2) Flu pandemics (1889 and 1918) and various epidemics (Polio, Chickenpox, Smallpox, Measles) of the 1800s and early 1900s, placed prevention, early detection and control of disease in the fore front of the mind of the Medical World.

The world began to shift its Medical Mentality of Individuals responsible for their Health, “Health of the Rich” to the “Health of the Community” as a whole. Keeping in mind the fact that disease spreads equally among the poor and wealthy and knows no wealth. The Health of the poor and the community as a whole became paramount to the health of the nation!

The Health of the Public, in community Health and Prevention quickly overtook Doctor house calls and the Church Charity Hospitals funding the care of the poor.

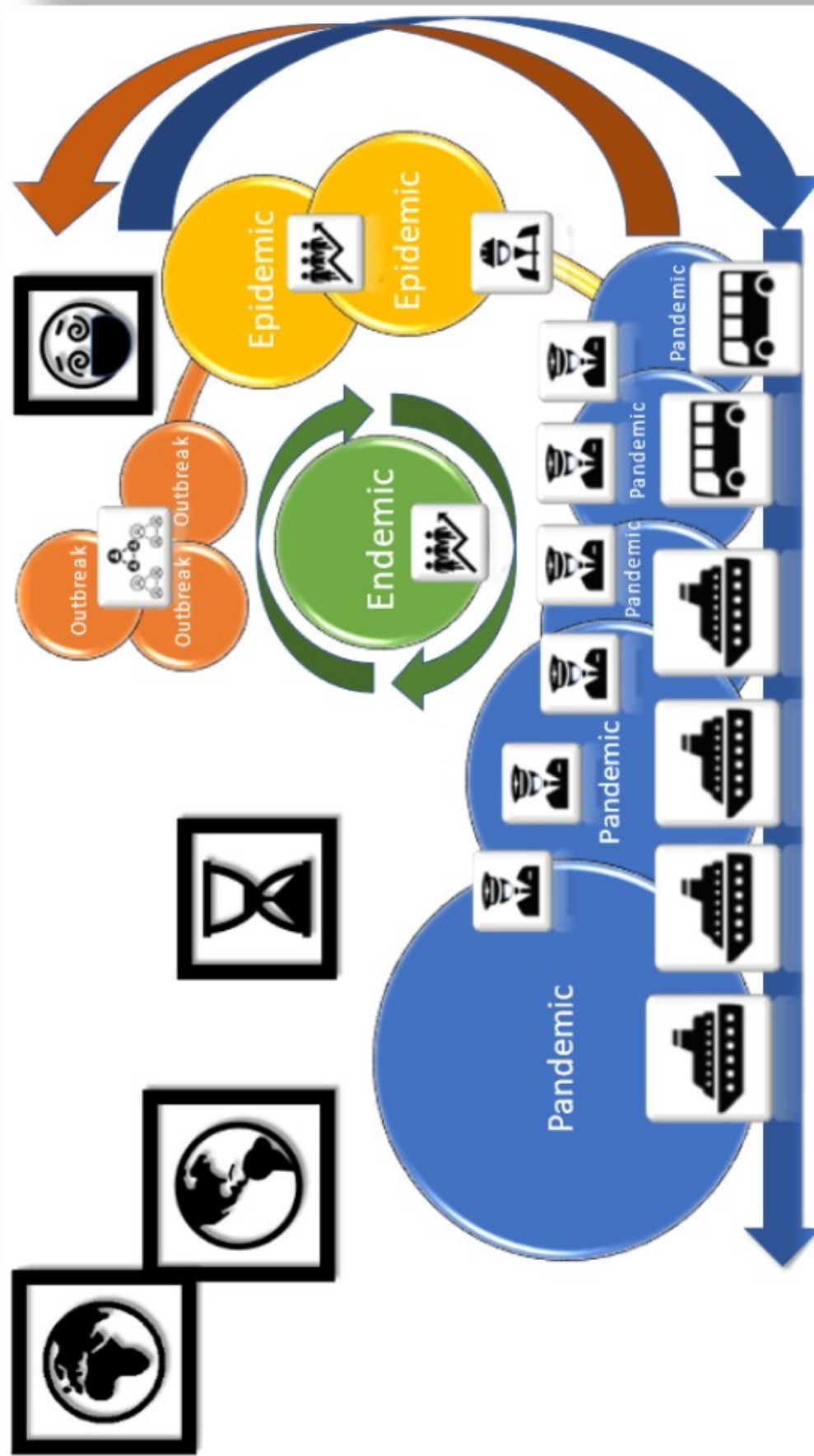
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The Flu Virus Pandemic, 1889



US Healthcare in Reform

The Spanish Flu Virus Pandemic, 1918





US Healthcare in Reform

History: The 1918 Pandemic

.....Where we were before 1929.
Power with the People and their Communities

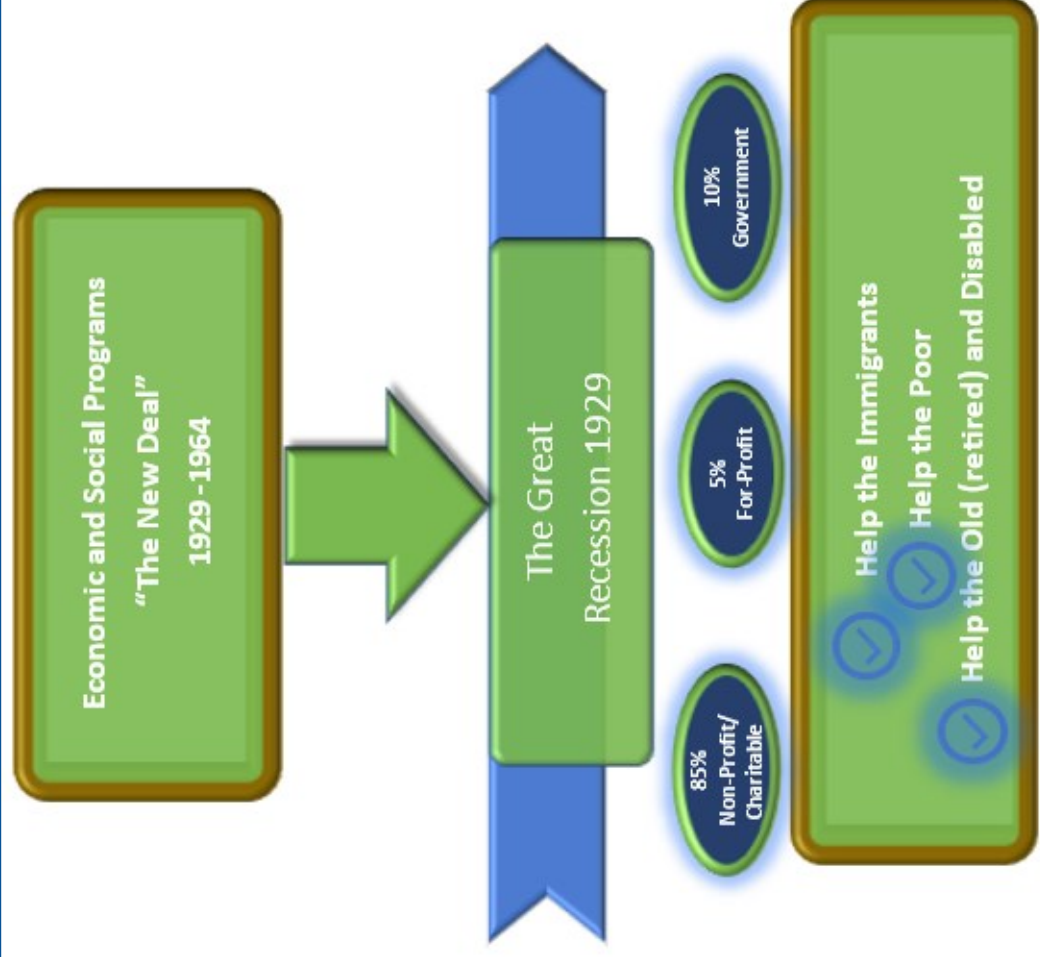
Major Functions of Individual Health Care Status	The Health Care Market	The Government	The State	The Community	The Individual
Power	X	X	X	✓	✓
Policy	✓	✓	✓	✓	✓
Market	✓	✓	✓	✓	✓
Price	X	X	X	✓	✓
Cost Savings	X	X	X	✓	✓
Health Care Services	X	X	X	✓	✓
Health Care Status	X	X	X	✓	✓

Power with the People and their Communities.



US Health Care Reform

History: The Great Recession/The New Deal!





US Healthcare in Reform

Review: After the 1918 Pandemic

Community Health Care

All over the world, the community health and prevention of infectious diseases took hold, and a Nations Health was measured by how well it took care of its communities. The rate of pandemics reduced drastically, as every infectious disease outbreak was being tracked and curtailed before it becomes an epidemic.

Strong communities were built with good optimal health and the economy of the world grew with this newly found model of care. The Community Health Centers, both clinics and Hospitals were fully funded, and health care was no longer for the wealthy again. All people now had the right to the basic needs of life, food shelter, clothing and good health, optimal wellbeing.

Healthcare Systems, Structures and Strategies were developed by the Government, to improve the health outcome of the Communities, including the poor and elderly. Healthcare was free or subsidized for all peoples.

These healthcare systems, structures and strategies have been true for nearly a century. An attempt to revert back to "Health for the Rich" has brought the healthcare systems back on their knees to a Common Cold Pandemic".

**President Franklin
Roosevelt's
Economic & Social
Initiatives
focused on the
American Immigrants and the
American Poor
.....a
Humanitarian Act**

Public Health Core Team

Each Healthcare System had a core Public Health Team comprising of a Chief Medical Officer with staff; a Chief Medical Epidemiologist with staff and a Chief Public Health Nurse with staff.

Prevention versus Treatment

Prevention and Treatment were the two categories of health care that worked hand in hand. When the Prevention Team find a population-based problem i.e. prematurity and under five child death in the population, the core team and staff come up with program intervention plans and implement these as Preventive Interventions i.e. WIC – Women Infant and Children Programs. The Prevention Core Team monitors and evaluates these community initiatives as interventions and report improvement in prenatal care, prematurity, infant care and under five survival rates.

Once these preventive Intervention Programs become best practices, the Government provides a means for Preventive Interventions to be replicated and implemented in all Communities. This is how all the Public Health Preventive Intervention Programs started.

Supporting the Core public Health Teams were Administrative Assistants, Clerks, Finance staff, Payroll staff, Human Resource staff, Information Tech-



US Healthcare in Reform

Review: After the 1918 Pandemic

nology-IT staff, Engineering Staff, Cleaning staff, and so on. These support staff are not Public Health Core staff and Non-Essential. These staff were hired as needed based on the size of the Community Health Centers and the population served.

Several attempts have been made to “improve” the “aged-old” Public Health Systems, Structures, and Strategies, including:

- Community Health Centers have now been “Systematically Defunded”. Leaving the Centers with no choice but to close their doors or reduce services to the barest minimum.
- The Public Health Leadership Team now have to report to a non-healthcare professional staff, the Public Health Director, or other Managers and Finance staff, who make all final decisions on the Health of the Public and or Community based on Political Needs and Financial Costing. This is un-ethical.
- The Public Health Leadership Teams have all been replaced by Directors or Managers from the Public Health Core Team or the Support Staff Team, with most staff working their way up the ladder to displace the “Public Health Leadership Team”,as life ambitions.
- The Public Health Leadership and Core Teams are now hired as needed, while the support staff have become the “Business Fixed Cost” in the Business Breakeven Calculations”. This makes the support staff essential in Business Costing of the Healthcare Systems and the Public Health Leadership and Core Teams Non-Fixed/Flexible Costs”. Doctors and Nurses are hired on contract basis and can be quickly dismissed, based on need and due to lack of funding. Their salary being called, too expensive.....
- Community Pharmacies have all been replaced by Corporate Pharmacies.
- Community Health Laboratories (Labs) have all been replaced by Corporate laboratories.
- Private Practices within Communities are now obsolete! Community Based Practices have been swallowed by Network of Physicians affiliated with Regional Hospitals.
- Most Charitable Hospitals or Community Owned Hospitals have become bankrupt and strapped for funding, depending solely on the top five “Regional Hospital Groups” (State by State) to buy-them-out and expand them into State Regional Hospital Groups”, Monopolizing the Hospitals in the Communities.
- All Hospitals, Clinics, and Health Centers, now have Non-Physician Administrators, restricting all Doctors and Nurses to treatment services only.
- We now have expansion of the Healthcare Market to serve those who can afford it, the rich.
- The healthcare market is now on Wall Street, and people are allowed to bet for or against it and make money off of betting against people’s health and health outcomes.
- Healthcare Insurance have now been Monopolized into the “US five big healthcare insurance names”.
- Insurance Companies “the big five” now not only collect healthcare funds from employers (for their mostly healthy staff), but also collect funds from small businesses and their employees through Obamacare and also collect Medicare and Medicaid funds from the Government for the poor and elderly they serve, Monopolizing the healthcare system to the maximum capacity possible.
- Physicians have been sued over their livelihood with nowhere to turn to for help, by ambitious frauds. Most Physicians lose their license and file for bankruptcy for what they did not knowingly do or cause. As the saying goes,“Physicians are not Gods, they treat, God heals!”

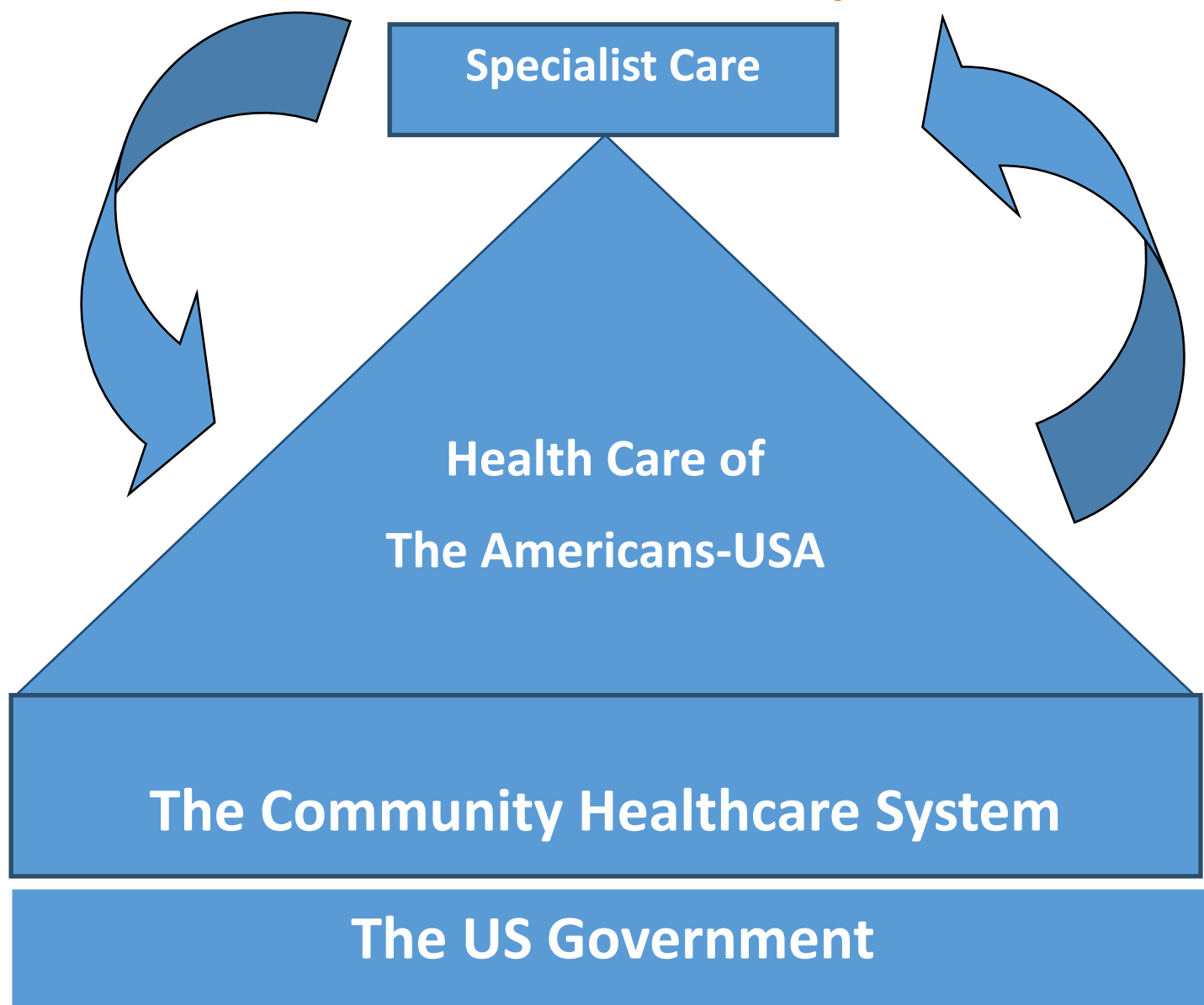
With all these Public Health improvements, it is clear why the world has been brought to it’s knees in the 2021st Century, by a “Common Cold Virus” that can be easily wiped clean.



US Healthcare Reform

Review: After the 1918 Pandemic

The New Deal! Healthcare System



The New Deal! Healthcare System



US Healthcare in Reform

History: After the 1918 Pandemic

HealthCare Systems, Structures and Strategy

PREVENTION/TREATMENT: The Public Health Leadership Team Defined in a Simple Fashion

Medical Team	Simple Definition	Notes
Chief Medical Officer	<p>A Chief Medical Officer oversees <u>all</u> categories of disease within a jurisdiction</p> <p>A Physician with Medical Epidemiology Degree (MD MPH) overseeing treatment of diseases in a jurisdiction, with potential to become an outbreak, epidemic, endemic, or pandemic disease</p> <p><u>*Works with Chief Infection Disease Control Physicians in Resident Institutions and Hospitals within Jurisdiction</u></p>	<p>Level of Experience and Education is Key in this Position</p> <p>Work with all Physicians within and outside their Jurisdiction to Prevent, Report, Control and Treat Infectious Disease</p> <p>Degree: MD MPH</p>
Chief Medical Epidemiologist	<p>A Chief Medical Epidemiologist oversees <u>all</u> categories of diseases within a jurisdiction</p> <p>A Physician with Medical Epidemiology Degree (MD MPH) overseeing prevention of diseases in a jurisdiction, with potential to become an outbreak, epidemic, endemic, or pandemic disease</p> <p>Overseeing the:</p> <ul style="list-style-type: none"> • Prevention Public Health Teams • Epidemiology Teams • Preventive Intervention Program Teams 	<p>Level of Experience and Education is Key in this Position.</p> <p>Degree: MD MPH</p>
Chief Public Health Nurse	<p>A Chief Public Health Nurse oversees <u>all</u> categories of disease within a jurisdiction.</p> <p>Overseeing the Prevention or Treatment Public Health Nursing Team</p> <p><u>*Work with all CIC Nurses/Investigators</u> -Certified Infection Prevention and Control Nurses/Investigators within Jurisdiction.</p>	<p>Level of Experience and Education is Key in this Position</p> <p>Degrees: Master's in Public Health Nursing MSN</p>



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History: After the 1918 Pandemic

HealthCare Systems, Structures and Strategy

PREVENTION: The Public Health Epidemiology Team Defined in a Simple Fashion

Medical Team	Simple Definition	Notes
Chief Medical Epidemiologist	<p>A Chief Medical Epidemiologist oversees <u>all</u> categories of diseases within a jurisdiction</p> <p>Overseeing the:</p> <ul style="list-style-type: none"> • Prevention Public Health Teams • Epidemiology Teams • Preventive Intervention Program Teams 	<p>Level of Experience and Education is Key in this Position.</p> <p>Degree: MD MPH</p>
Medical Epidemiologists	<p>Medical Epidemiologist overseeing at least one category of diseases in a jurisdiction</p> <p>Overseeing the:</p> <ul style="list-style-type: none"> • Epidemiology Tier/Level, I II IIIa and IIIb Teams • Preventive Intervention Program Teams 	<p>Level of Education is Key in this Position</p> <p>Most Public Health Medical Epidemiologists oversee least one category of disease in a jurisdiction. A Chief Medical Epidemiologist oversees <u>all</u> categories of diseases within a jurisdiction</p> <p>Degree: MD MPH</p>
Epidemiologists	<p>Epidemiologist overseeing at least one category of disease in a jurisdiction</p> <p>Completed at least 3 levels of Epidemiology Course (9-12 Credit Units) while in the MPH -master's in public health epidemiology track:</p> <ul style="list-style-type: none"> • Basic Epidemiology • Intermediate Epidemiology • Advance Epidemiology <p>Other Definition Reference</p> <p>Council of State and Territorial Epidemiologists https://www.cste.org/group/EpidemiologyTiers</p>	<p>CDC/CSTE's 3 Epidemiology Tiers/Level job descriptions:</p> <p>Epi I: Entry Level/Basic Epidemiology</p> <p>Epi II: Mid -Level Epidemiology</p> <p>Epi IIIa: Senior Level / Supervisory or Manager overseeing at least one category of diseases in a jurisdiction</p> <p>Epi IIIb: Senior Epidemiologist/ Subject Expert overseeing at least one category of diseases research in a jurisdiction i.e. PhD</p> <p>Degrees: MPH or PhD with an Epidemiology Focus</p>



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History: After the 1918 Pandemic

HealthCare Systems, Structures and Strategy

Medical Team	Simple Definition	Notes
Chief Public Health Nurse	<p>A Chief Public Health Nurse oversees <u>all</u> categories of disease within a jurisdiction.</p> <p>Overseeing the Prevention Public Health Nursing Team</p>	<p>Level of Experience and Education is Key in this Position</p> <p>Degrees: Public Health Nursing MSN</p>
Public Health Nurses	<p>Registered Nurses</p> <p>Nurses with Master Level Training in Infection Prevention, Epidemiology and Treatment of Diseases that may cause an outbreak, epidemic, endemic or pandemic spread</p>	<p>Level of Education is Key in this Position</p> <p>Most Public Health Nurses oversee least one category of disease in a jurisdiction. A Chief Public Health Nurse oversees <u>all</u> categories of disease within a jurisdiction</p> <p>Degrees: Public Health Nursing MSN</p>
Prevention/Clinical Nurses	<p>Registered Nurses</p> <p>Bachelor's Degree Nurses (BSN RN)</p> <p>Senior BSN RN Overseeing the Prevention Public Health Investigation Team</p>	<p>Prevent, <u>Report</u>, Control and Treat Infectious Disease in Clinic Settings</p> <p>Degrees: Public Health Nursing BSN</p>
Prevention/Clinical Nursing Assistant	<p>Certified Nursing Assistant</p> <p>Associate Degree /Certified Nursing Assistant (CNA)</p>	<p>Assist with Prevention, <u>Reporting</u>, Controlling and Treating Infectious Disease in Clinic Settings</p> <p>Degrees: CNA Certified Nursing Assistant</p>



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History: After the 1918 Pandemic

HealthCare Systems, Structures and Strategy

Medical Team	Simple Definition	Notes
<u>Case Investigator:</u> <ul style="list-style-type: none"> Public Health Graduates Nurses Nursing Assistants Social Workers 	Could be MPH, BSN RN, CNA, Social Workers or BS Bachelor of Science degree holder with training in Prevention, Reporting, Controlling and referral to Treatment Team, of Infectious Disease in Prevention or Treatment/Clinical Settings	Master's in Public Health with <u>Non-Epidemiology Major</u> (MPH) Bachelor's degree Nurse (BSN RN) Associate degree /Certified Nursing Assistant (CNA) Bachelor of Science (BS) Master's Degree in Social Work (MSW) Bachelor's degree in Social Work (BSW)
Social Workers	Master's Degree in Social Work (MSW) Bachelor's degree in Social Work (BSW)	Work with the Communities and the Public Health Prevention Team within and occasionally outside their Jurisdiction to Prevent, Report , Control and Refer to Treatment Team, those with Infectious Disease or at high risk for contracting Infectious Diseases.
Data Managers/Biological Statisticians	Master's degree in Biological Statistics (MPH) Biological Statistics completing at least 3 levels of Biostatistics Course (9-12 Unites) while in the MPH -master's in public health biostatistics track: <ul style="list-style-type: none"> Basic Biostatistics Intermediate Biostatistics Advance Biostatistics 	Or Occasionally: Bachelor's degree in Statistics, Mathematics with Biological Statistics Certification or Training in Biological Science and Experience working on Biological Research
Data Entry Registers/Clerks	High School Graduate Associate Degree Graduate Bachelor's Degree Graduate with Training in Biological Science and Experience working on Biological Research	*Note: Epidemiologist, Biological Statisticians and Investigators/Nurses overseeing at least one category of disease investigation in a jurisdiction <u>may also be asked to enter data in their work disease category.</u>



US Healthcare in Reform

History: After the 1918 Pandemic

HealthCare Systems, Structures and Strategy

TREATMENT: The Public Health Clinical/Treatment Team Defined in a Simple Fashion

Medical Team	Simple Definition	Notes
Chief Medical Officer	<p>A Chief Medical Officer oversees <u>all</u> categories of disease within a jurisdiction</p> <p>A Physician with Medical Epidemiology Degree (MD MPH) overseeing treatment of diseases in a jurisdiction with potential to become an outbreak, epidemic, endemic, or pandemic disease</p>	<p>Level of Experience and Education is Key in this Position</p> <p>Work with all Physicians within and outside their Jurisdiction to Prevent, <u>Report</u>, Control and Treat Infectious Disease</p>
Medical Officer	A Physician with Medical Epidemiology Degree (MD MPH) overseeing treatment of diseases in a jurisdiction with potential to become an outbreak, epidemic, endemic, or pandemic disease	Most Medical Officers oversee at least one category of disease in a jurisdiction. A Chief Medical Officer oversees <u>all</u> categories of disease within a jurisdiction
Chief Public Health Nurse	<p>A Chief Public Health Nurse oversees <u>all</u> categories of disease within a jurisdiction.</p> <p>Overseeing the Treatment Public Health Nursing Team</p>	<p>Level of Experience and Education is Key in this Position</p> <p>Degrees: Public Health Nursing MSN</p>
Public Health Nurses	Nurses with Master Level Training in Infection Prevention, Epidemiology and Treatment of Diseases that may cause an outbreak, epidemic, endemic or pandemic spread	<p>Most Public Health Nurses oversee at least one category of disease in a jurisdiction. A Chief Public Health Nurse oversees <u>all</u> categories of disease within a jurisdiction.</p> <p>Work with all Nurses within and occasionally outside their Jurisdiction to Prevent, <u>Report</u>, Control and Treat Infectious Disease.</p>
Clinic Nurses	Bachelor's Degree Nurses	Prevent, <u>Report</u> , Control and Treat Infectious Disease in Clinic Settings
Clinic Nursing Assistants	Associate Degree Nurses	Prevent, <u>Report</u> , Control and Treat Infectious Disease in Clinic Settings
Social Workers	<p>Master's Degree in Social Work (MSW)</p> <p>Bachelor's Degree in Social Work (BSW)</p>	Work with the Communities and the Public Health Treatment Team within and occasionally outside their Jurisdiction to Prevent, <u>Report</u> , Control and Refer for Treatment, those with Infectious Disease or at high risk for contacting Infectious Diseases.



US Healthcare in Reform

History: After the 1918 Pandemic

HealthCare Systems, Structures and Strategy

TREATMENT: The HealthCare Resident Institution/Hospital Treatment Team Defined in a Simple Fashion

Medical Team	Simple Definition	Notes
Chief Infection Disease Control Physician	Oversee Physicians with Infection Disease Control Residency Training	Prevent, <u>Report</u> , Control and Treat Infectious Disease in Hospitals and other HealthCare Institutions with Resident Patients
Infection Disease Control Physician	Physician with Infection Disease Control Residency Training	Prevent, <u>Report</u> , Control and Treat Infectious Disease in Hospitals and other HealthCare Institutions with Resident Patients
CIC Nurses Certified Infection Prevention and Control Nurses	Bachelor's degree Nurses with Certification in Infection Control and Prevention	Prevent, <u>Report</u> , Control and Treat Infectious Disease in Hospitals and other HealthCare Institutions with Resident Patients
CIC Investigators Certified Infection Prevention and Control Investigators	Highschool or Associate degree holders with Certification in Infection Control and Prevention	Prevent, <u>Report</u> , Control and Refer to Treatment Infectious Disease in Hospitals and other HealthCare Institutions with Resident Patients
Case Investigator: <ul style="list-style-type: none"> Public Health Graduates Nurses Nursing Assistants Social Workers 	Could be MPH, BSN RN, CNA, Social Workers or BS Bachelor of Science degree holder with training in Prevention, Reporting, Controlling and referral to Treatment of Infectious Disease in prevention or Treatment/Clinical Settings	Master's in Public Health with <u>Non-Epidemiology Major</u> (MPH) Bachelor's degree Nurse (BSN RN) Associate degree /Certified Nursing Assistant (CNA) Bachelor of Science (BS) Master's Degree in Social Work (MSW) Bachelor's degree in Social Work (BSW)
Social Workers	Master's Degree in Social Work (MSW) Bachelor's degree in Social Work (BSW)	Work with the Communities and the Public Health Treatment Team within and occasionally outside their Jurisdiction to Prevent, <u>Report</u> , Control and Refer for Treatment, those with Infectious Disease or at high risk for contacting Infectious Diseases.



US Healthcare in Reform

History: After the 1918 Pandemic

.....Where we were after 1929.
Power with the People and their Communities

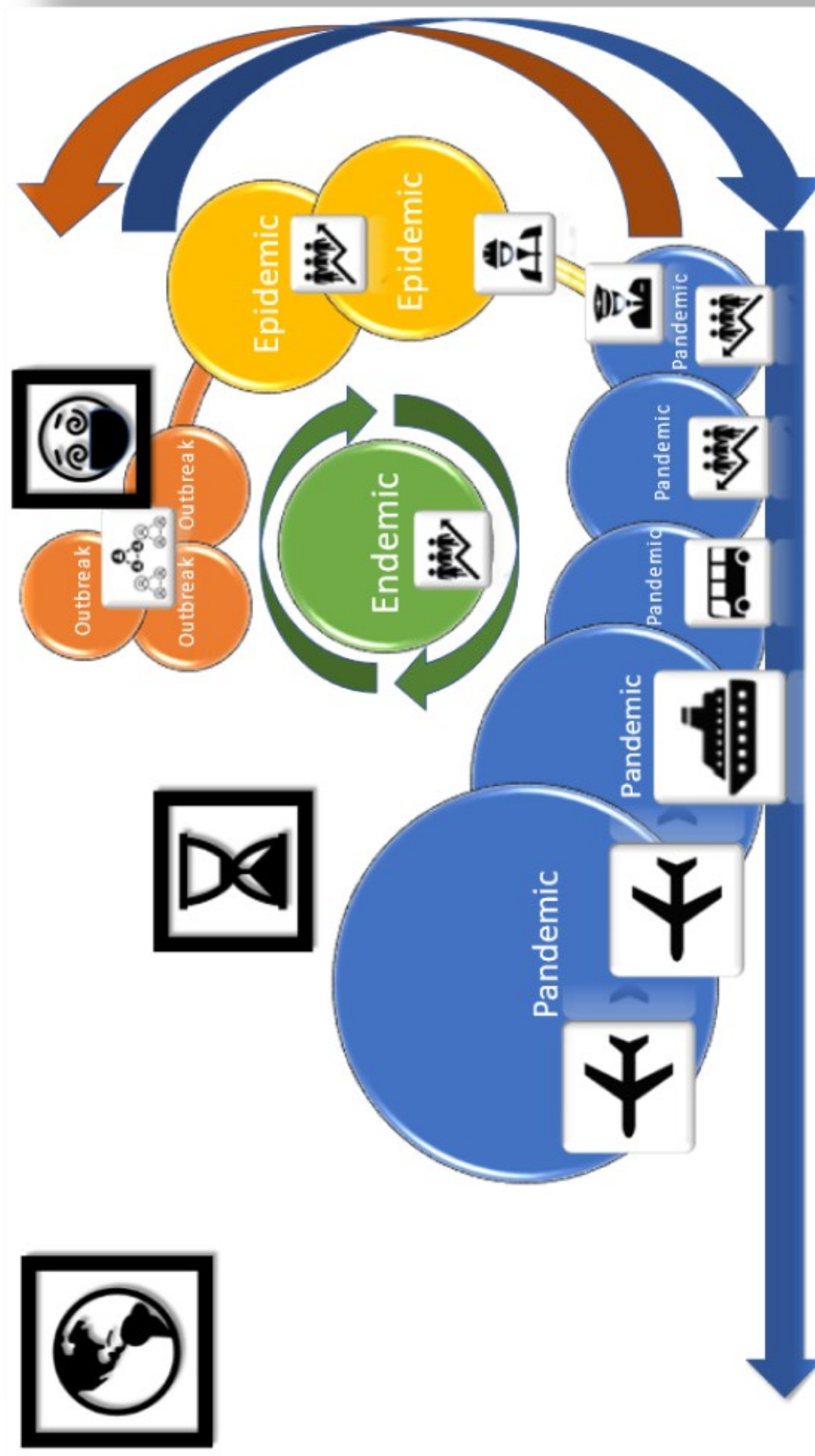
Major Functions of Individual Health Care Status	The Health Care Market	The Government	The State	The Community	The Individual
Power	X	✓	X	✓	X
Policy	✓	✓	✓	✓	X
Market	✓	✓	✓	✓	X
Price	X	✓	X	✓	X
Cost Savings	X	✓	X	✓	X
Health Care Services	X	✓	X	✓	X
Health Care Status	X	X	X	✓	X

Power with the People and their Communities.



US Healthcare in Reform

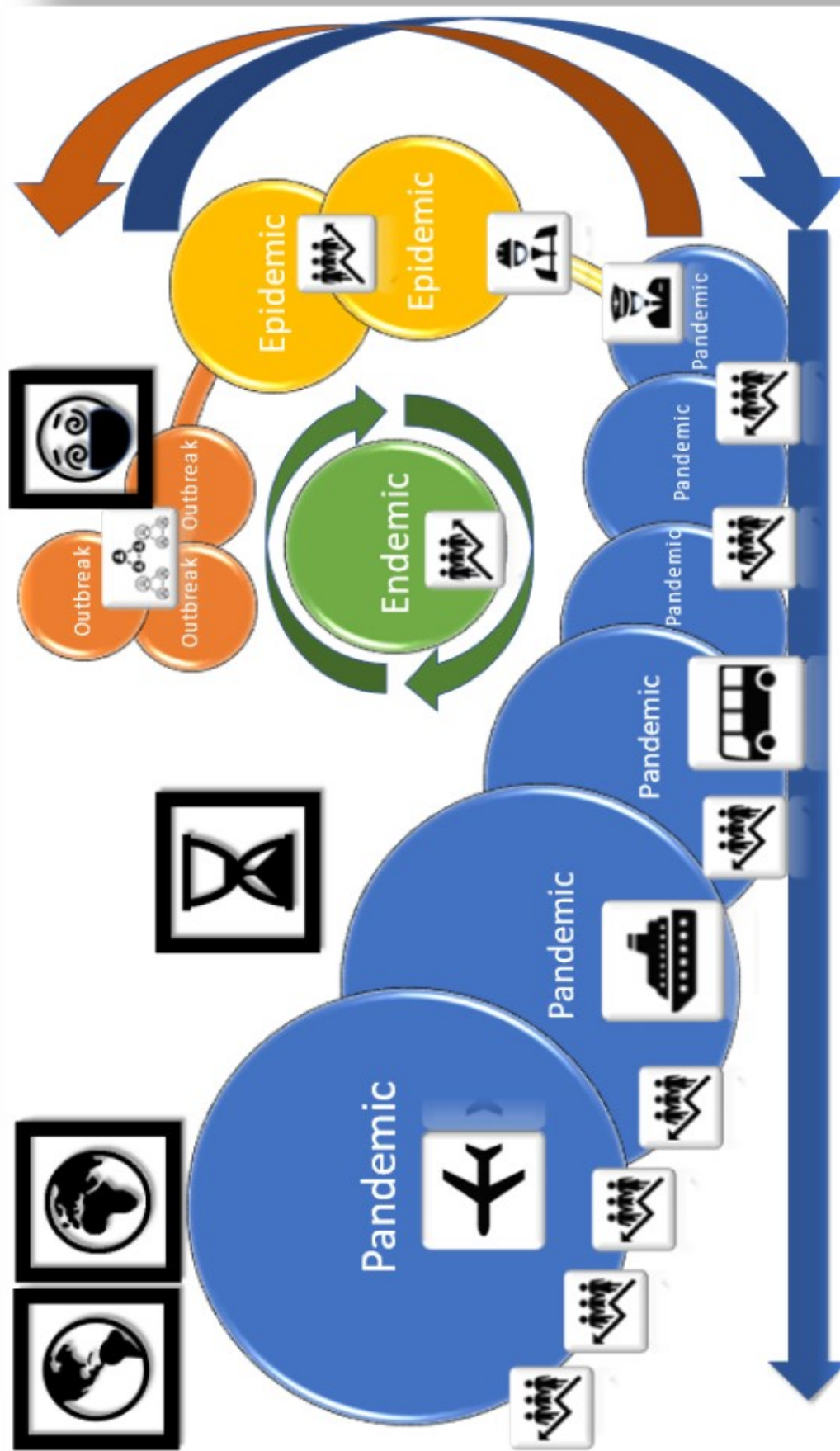
The Avian Flu Virus Pandemic, 1957 & 1958





US Healthcare in Reform

The HIV/AIDS Virus Pandemic, 1981



US Healthcare in Reform

Review: After the Swine/ H1N1 Virus, 2009-2011 and Ebola Virus, 2014 Pandemics

American Reinvestment and Recovery Act/Patient Protection and Affordable Care Act -"Obama Care"

It is now nearly a century of this great model and the New-New Deal was eminent.....Obamacare!

Obamacare also started amidst wars, a recession and several pandemics including Swine Flu H1N1 and the Ebola virus pandemic. The two pandemics were curtailed on time with regulations and rules that protected the American people and the world from potentially the worst pandemic ever imagined. "Population Quarantine and Strict Isolation Rules" were key here.

During this time (2009), the healthcare of the poor and elderly was taken care of via the initiatives developed by the "New Deal", but with the recession, the middleclass was fast becoming poor. The new modifications on the new deal, "Healthcare services for the wealthy" was becoming too expensive for the middleclass. The middle class in America were fast becoming homeless and without healthcare.

In an attempt not to lose the middleclass to the poor class and overwhelm the healthcare services for the poor, Obamacare was developed to afford the middle-class healthcare services, in a way that the health care of the poor and elderly can still be maintained.

"OBAMACARE"

Focused on
Preventing the
Middle Class
from becoming
Poor.

40 million more
Un-insured/
underinsured
healthcare covered,
making healthcare
more affordable,
2020.....

This was the first attempt in 2009 to stabilize the 80-year-old system and avoid a humanitarian crisis, during the second "Great Recession" in US (first being in 1929, after the 1918 pandemic).

The people were meant to Control/ Drive:

- Healthcare Cost
- Healthcare Market
- Healthcare Price
- Healthcare Services offered

The Government was meant to Oversee Healthcare

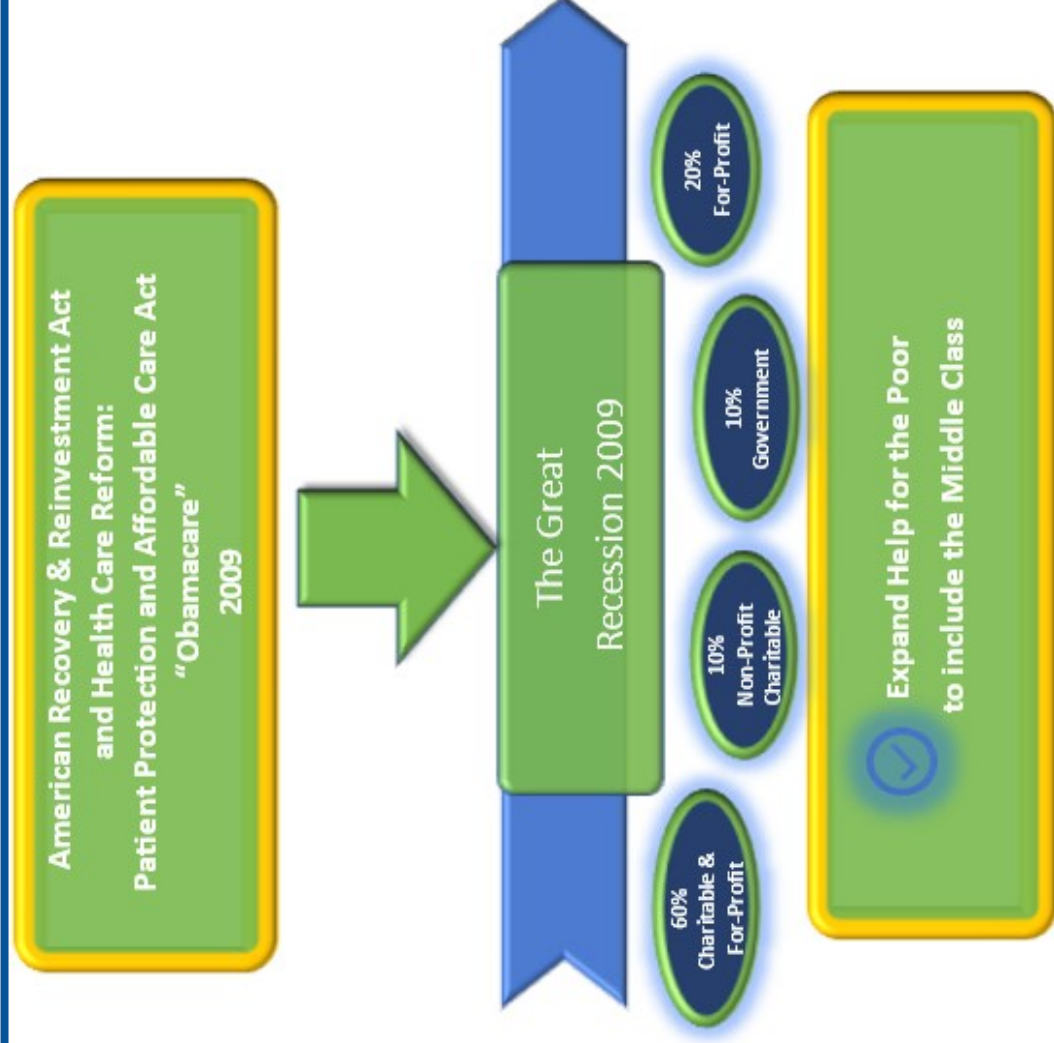
- Government Regulatory Agencies
 - Policy
 - Funds
 - Health Care Status
- Government Administrative Agencies
 - Funds
 - Price
 - Cost Savings

It became quickly obvious that the power was in the "Market". Not with the people or the government as was previously observed over the past decades.



US Health Care Reform

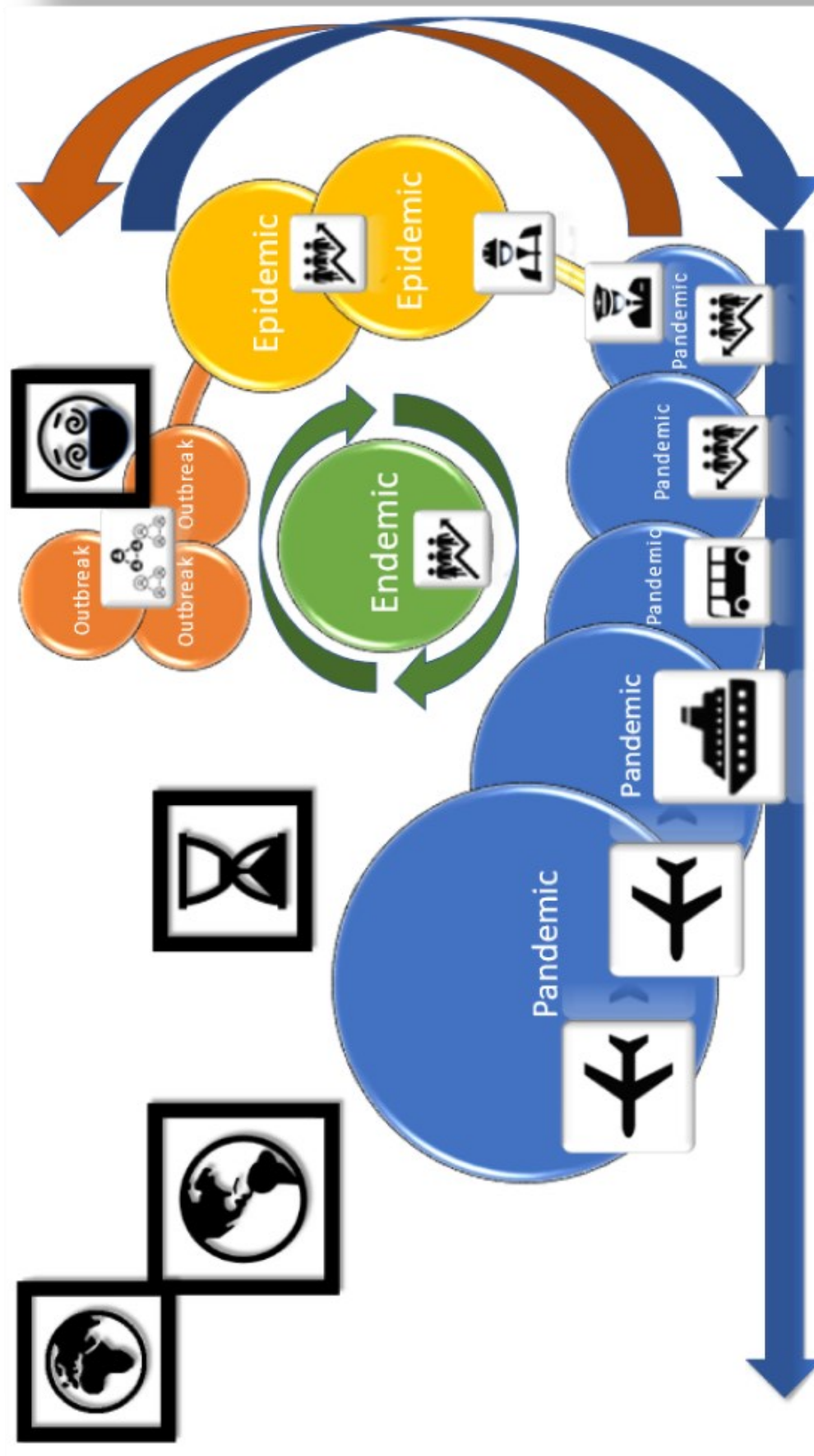
History: American Recovery & Reinvestment Act/Patient Protection
& Affordable Care Act “Obamacare”





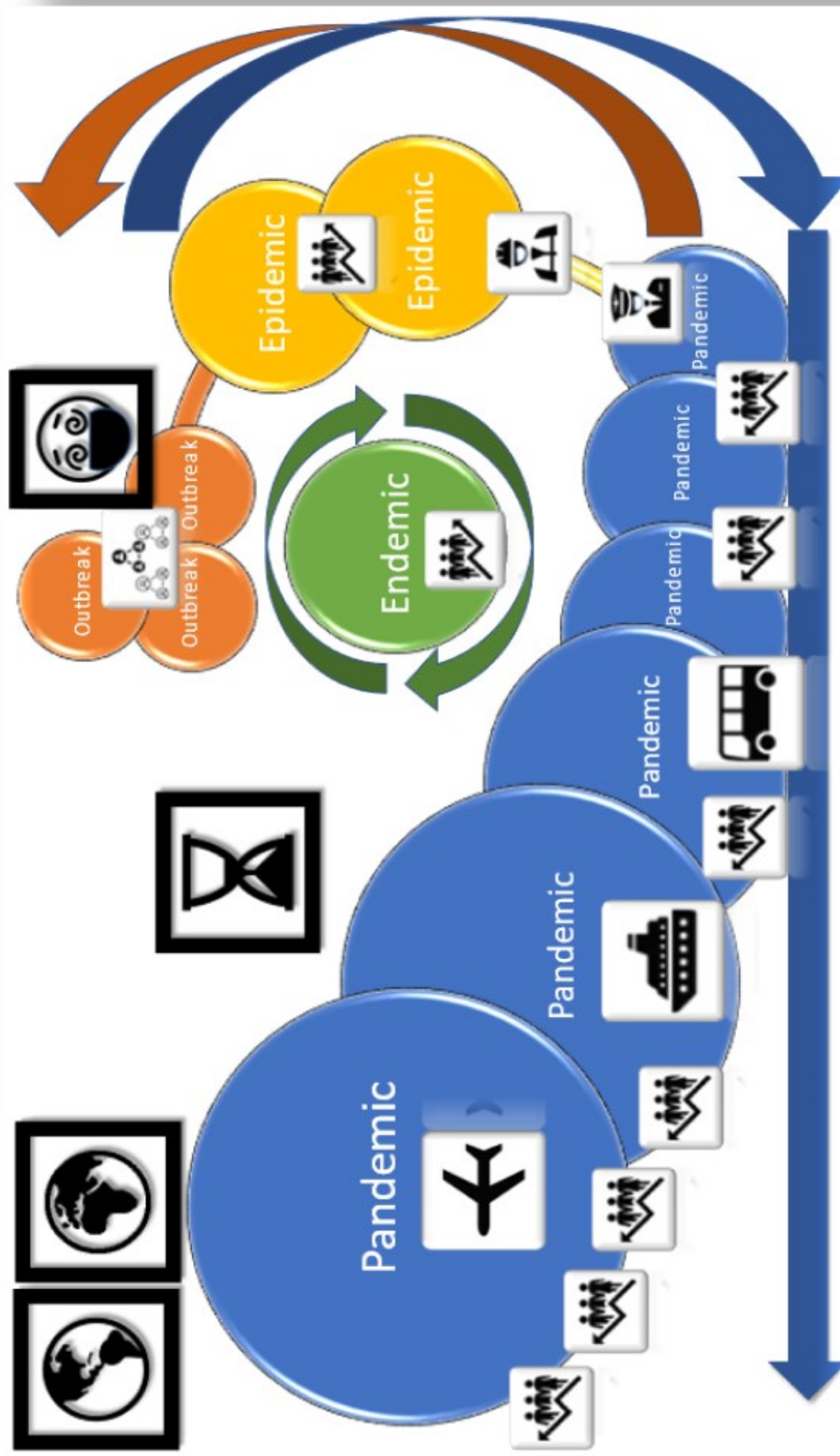
US Healthcare in Reform

The H1N1 Virus Pandemic, 2009-2011





US Healthcare in Reform The Ebola Virus Pandemic, 2014





US Health Care in Reform

The History: Second Healthcare Reform

.....Where we were 2009.
The **Power** is in the **Market**

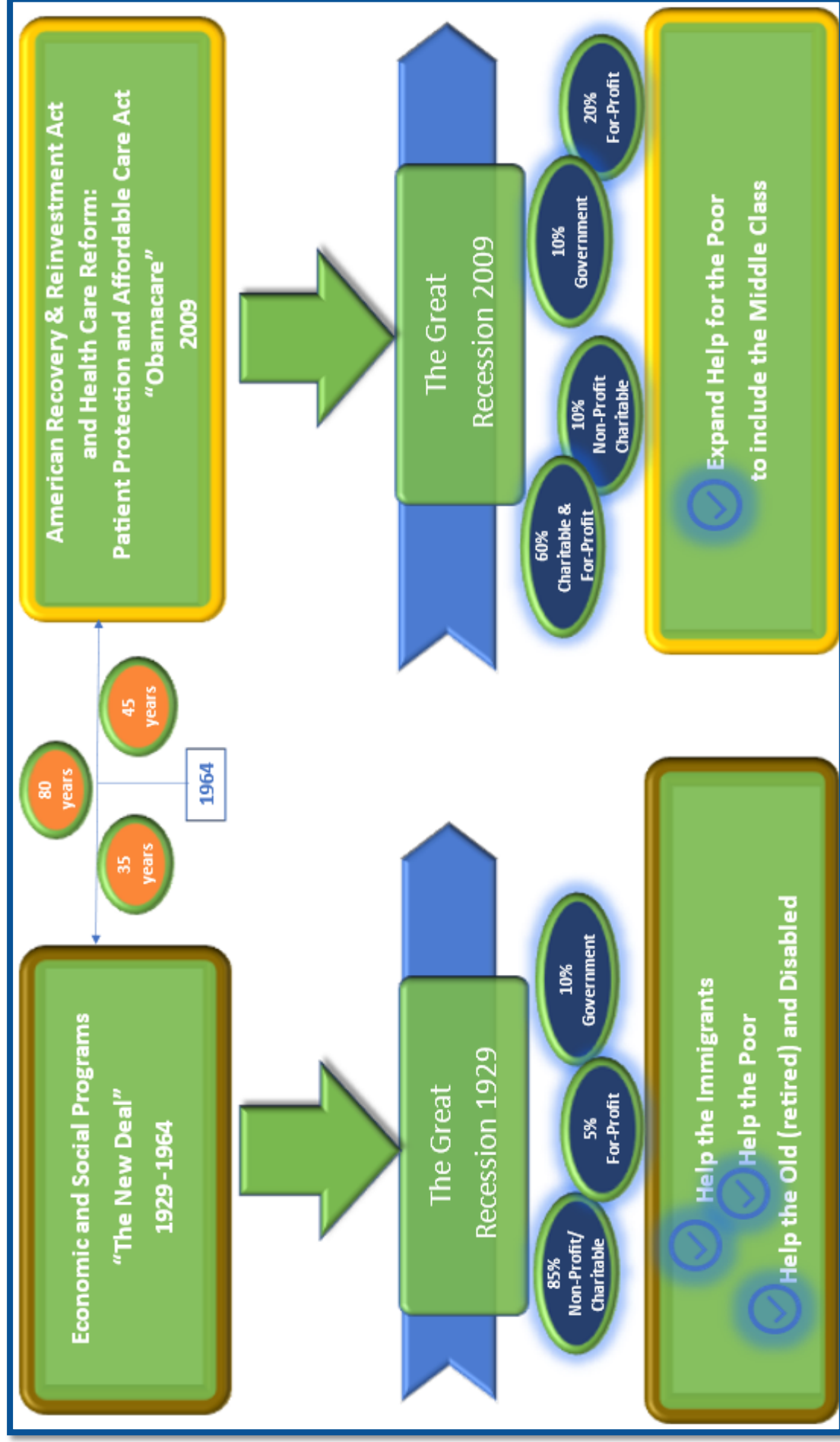
Major Functions of the Health Care System	The People	The Government	Health Care Regulatory Agencies	Health Care Market	Government Administrative Agencies
Power	X	✓	X	X	X
Policy	X	✓	✓	X	✓
Funds	X	X	X	✓	✓
Market	X	X	X	✓	X
Price	X	X	X	✓	X
Cost Savings	X	✓	X	X	X
Health Care Status	✓	X	X	X	X

The **Power** is with the **Government** and in the **Market**



US Health Care Reform

History: The Great Recessions





US Healthcare Reform

The Review: 2019/2020 Pandemic

In 2016, President Trump proposed a Bill to replace the Patient Protection and Affordable Care Act – “Obamacare” with “Trumpcare”.

It is now nearly a century of the great model, the New Deal, and a New New -Deal was eminent,Obamacare versus Trumpcare!

Trumpcare was being developed when the Corona Virus pandemic broke-out. President Trump quickly signed the COVID Relief Package also called “**Trump Stimulus Checks**”, and initiated Population-Lock-Down to reduce COVID-19 spread.

During this time, the healthcare of poor and elderly was taken care of via the initiatives developed by the “New Deal”, but with the economic recession, the middleclass lost their jobs and those with small businesses could no longer keep the minimum waged staff paid. The middleclass was once again becoming poor and the new modifications on the new deal, “Healthcare services for the wealthy” was becoming once more too expensive for the middleclass, who quickly became unemployed, and without healthcare, or a means to pay for food and shelter:

- Unemployment checks were increased and extended
- Home Evictions were placed on hold

Trump Proposed a Healthcare Bill to Replace Obamacare but with COVID-19 Pandemic in 2020 Humanitarian Act: “Trumps Stimulus Checks & Paycheck Protection Program” was all he could work on.....

- Small businesses owned by the middleclass were allowed PPE loans – Paycheck Protection Program loans
- Families were issued Economic Stimulus Checks – “Trump Stimulus Checks”
- Hospitals were funded to keep staff on. They were provided with ventilators and Personal Protective Equipment/Gears –PPE
- Plasma Treatment was developed
- COVID-19 Vaccines were developed
- States were funded to hire COVID-19 workforce and track the Virus
- Once again, in an attempt not to lose the middleclass to the poor class and overwhelm the healthcare services for the poor, Obamacare was allowed to remain intact, to afford the middle class and unemployed healthcare.

This was the second attempt, in 2016, to stabilize the now 91 year old Healthcare system and avoid a humanitarian crisis, during the COVID-19 World Recession (first being during the 2009 and 2014 Pandemics).

The Healthcare power is still in the “Market”. Not with the people or the government as was previously observed over the past nine decades.



US Healthcare Reform

The Review: 2020 Pandemic

The **Healthcare System of the American People** (a Healthy Labor Workforce) cannot be separated from the **Economic Status of the People**.

In Economics, the following is known as **Business Economies of Scale** including:

- A Healthy Labor Workforce
- Capital
- Natural Resources, including Healthy Human Resources, a Healthy Labor Workforce
- Technology

In Economics, the following is known as **Business Economies of Scope** including:

- Number of Activities performed by a Healthy Labor Workforce needed to produce Value or Profit
- Cost of Activities performed by a Healthy Labor Workforce needed to produce Value or Profit

Diseconomy

Diseconomy occurs when an **Unhealthy Labor Workforce** carries out more activities with less production, hence diminishing Value or Profit. This has occurred in 2020 during the Pandemic. There has been an imbalance between Economics of Scale and Scope and hence the Stimulus Intervention by the American Government to help re-



duce the effect of Diseconomy. The American Government can intervene in a Diseconomy situation.

There are a lot of activities to perform in order to create Value which could translate to wealth, but with an Unhealthy Labor Workforce, it is difficult to mandate "people falling ill all at once", to perform tasks to create value and ultimately profit or produce wealth.

In Health Economics, this is known as **Health Economies of Scale** including:

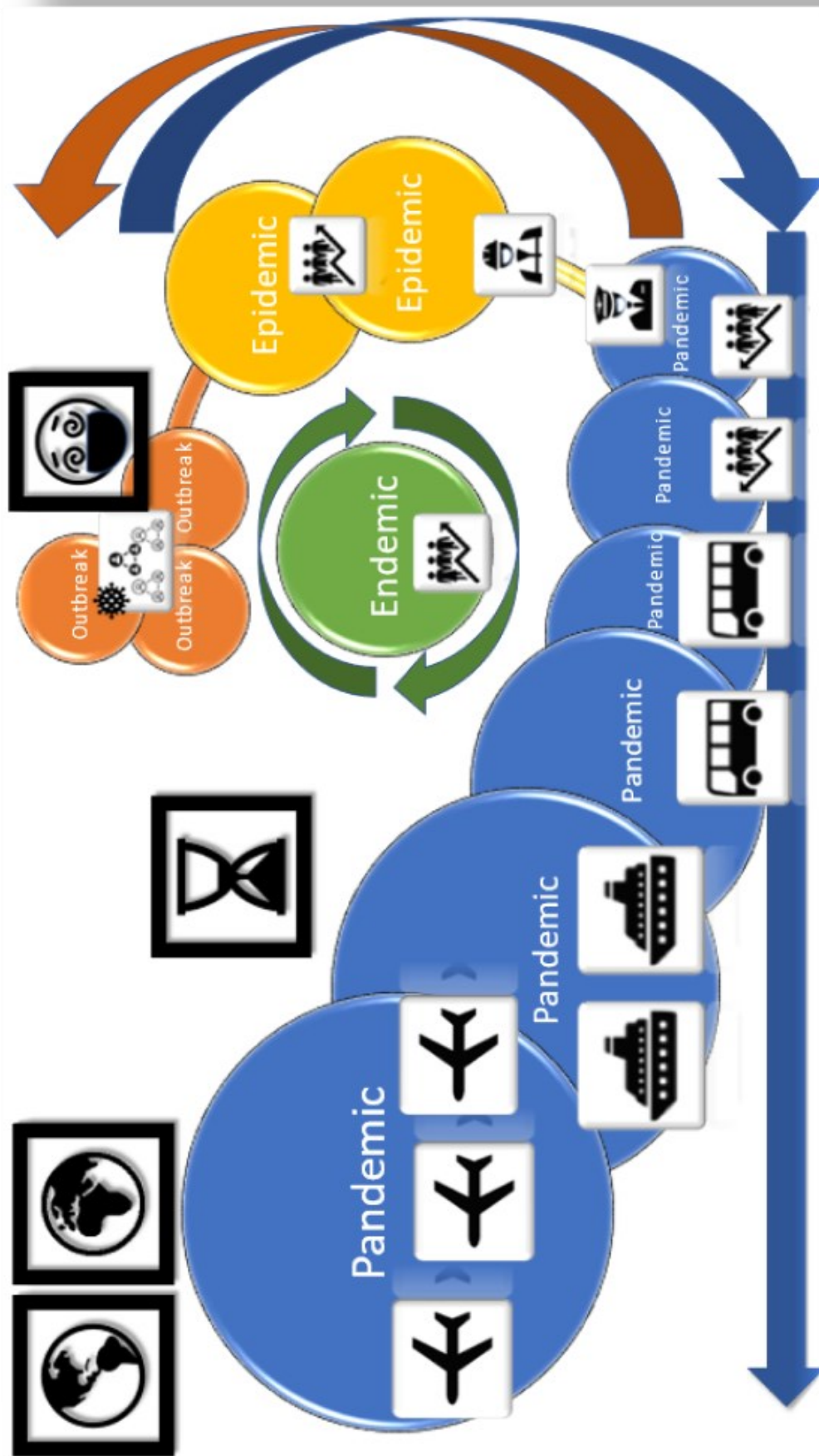
- A Healthy Healthcare Professional Labor Workforce
- **Capital** - Natural Resources, including Healthy Healthcare Professional Human Resources, a Healthy Labor Workforce
- **Technology**

In Economics, this is known as **Health Economies of Scope** including:

- Number of Activities performed by a Healthy Healthcare Professional Labor Workforce needed to produce Value or Profit
- **Cost of Activities** performed by a Healthy Healthcare Professional Labor Workforce needed to produce Value or Profit



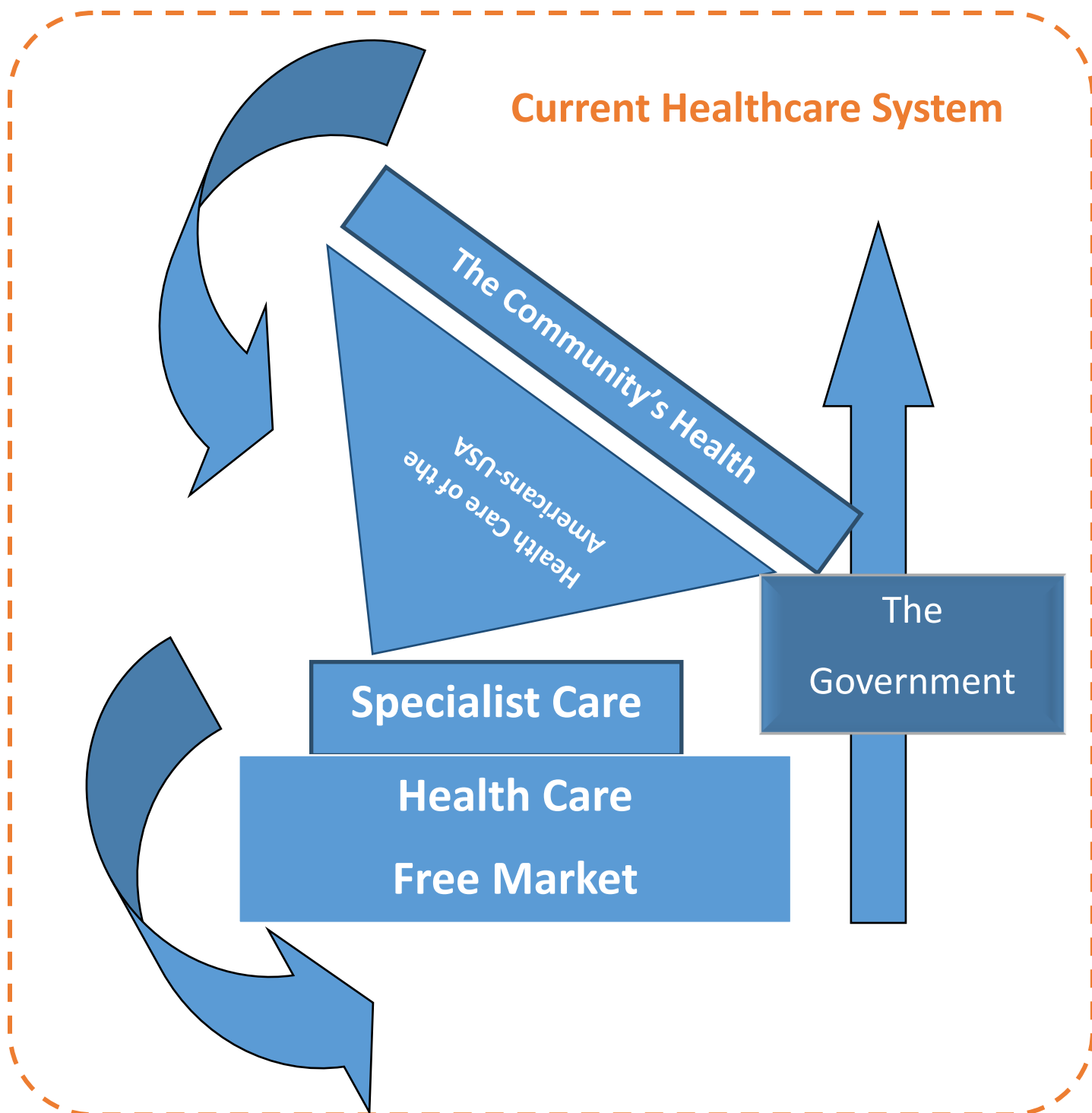
US Healthcare in Reform The Corona Virus Pandemic, 2020





US Healthcare Reform

The Review: 2020 Pandemic





US Health Care in Reform

Review: The 2020 Pandemic

.....Where we are 2020.
The **Power** is in the **Market**

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

The **Power** is back in the **Market**.



US Health Care in Reform Review: The 2020 Pandemic

.....Where we are 2020. Change Effect Score

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
Set aside resources for Change	X	X	X	X	✓

50%

✓	Excellent
✓	Good
✓	Poor

12.5/25

A Seed for Change Sown





US Healthcare Reform

The Plan

The Health of America shall not be deemed Business.

The American Healthcare System is currently leaning on an **Unstable Foundation of Business Model Specialty Care** and not Community Healthcare, which is more economical and can easily be improved.

Health Economics = Prevention

Prevention = Community Based Public Health Systems

Community Based Public Health Systems with a focus on Prevention with Optimal Well Being as the goal of America's Healthcare Reform. A Continuous Continuum of Improvement. The current Healthcare System is over 90 years and nearing a century old. The Healthcare System has been *Patched* and *Bandaged* in various ways to no avail, over the past 65years.

The "A-B-C" of Healthcare Reform should be followed:

A: Healthcare of the American People is "ALL" or "None". The People have chosen "ALL".

B: The current Healthcare System is nearing a century old, with patches and bandages all over. Boot the current system and plan for a Healthcare System that would last another Century.

C: For this New Healthcare System, focus on the Communities and you will not go

wrong, because the Power of Healthcare Change lies with the American People.

The American Healthcare System should not be negotiable by the Congress or Political Parties, because the American People work so hard for their paycheck, they deserve good health!

America's Healthcare Reform, a Continuous Continuum of Continual improvements, is not a New System left alone to fall apart; it is a Continuous process of improvement choosing:

All-inclusive Healthcare System, booting the current Business Model of Specialty Care System as the Core of the Healthcare System.

Community Health Prevention and Community Care fully funded for All American people to receive basic healthcare fully paid for by Cooperate Healthcare Taxes paid to the American Government. **Focus on the Communities and the People Dueling in Them.**

The Community and their Good Health, optimal wellbeing, being the goal of the new Healthcare System.

Health Economics = Prevention = Community Based Public Health Systems.

The US Healthcare Core Foundation.





US Healthcare Reform

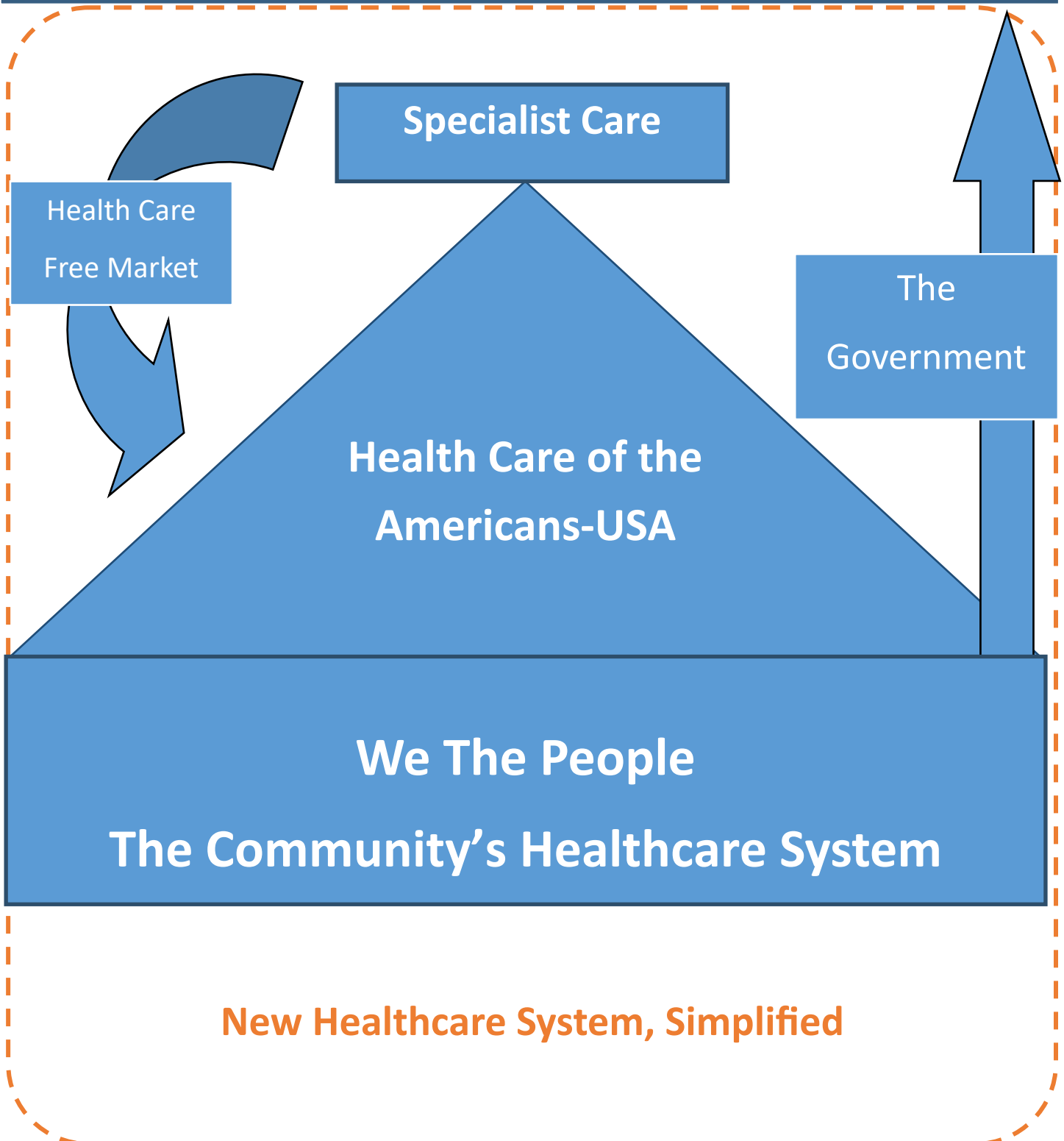
The Plan

.....Where we should be today.
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 Healthcare Reform Review: The Plan





US Healthcare Reform

The Plan

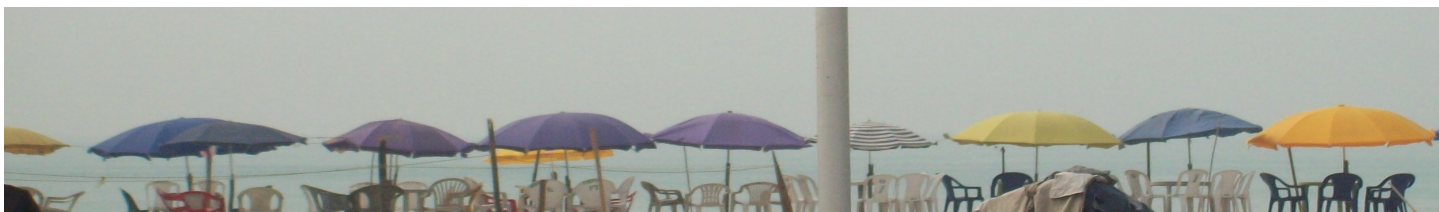
**The Ultimate Act of
Democracy
is to give
the People
the Power
to be in
Good Health.**

A: All or None
B: Boot the Current System
(....with a 92 year old Concept)
**C: Focus on Building the
Communities**

References	Source
Bureau of Labor & Statistics	https://www.bls.gov/opub/ted/2009/ted_20091208.htm
Congressional Archives	https://www.congress.gov/congressional-record
Census Bureau	https://www.census.gov/library/publications/2011/acs/acsbr10-09.html
U.S. Department of Housing and Urban Development Office of Community Planning and Development	https://www.hud.gov/program_offices/comm_planning
US Department of Treasury	https://home.treasury.gov/
Center for Disease Control and Prevention -CDC	https://www.cdc.gov
World Health Organization –WHO	https://www.who.int

Reed, Carrie; Biggerstaff, Matthew; Finelli, Lyn; Koonin, Lisa M.; Beauvais, Denise; Uzicanin, Amra; Plummer, Andrew; Bresee, Joe; Redd, Stephen C.; Jernigan, Daniel B. (January 2013). "Novel framework for assessing epidemiologic effects of influenza epidemics and pandemics". *Emerging Infectious Diseases*. **19** (1): 85–91. doi:10.3201/eid1901.120124. ISSN 1080-6059. PMC 3557974. PMID 23260039.

Encyclopedia Summaries: <https://en.wikipedia.org/>



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



Author: Folorunso Akintan MD MPH MBA

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