





# US Healthcare in Reform

## The Plan

### The Plan

The beginning of healthcare reform is the beginning of the end of COVID-19, when we say, "Never Again" and embrace the new, keeping in mind, "the health of the people shall not be separated from the economy of the nation". Creating value and wealth in a nation is only possible if the people are in good health.

**A Healthy Economy = Value + Profit + Wealth = Economies of Scale and Scope = Health of the People**

When a tragic event is experienced, like the COVID-19 pandemic, there are several stages to help cope with the grief, "denial", "anger", "bargaining", "depression", and "acceptance". I believe US is still in the denial phase of grieving when it comes to acting and coping with the grief of the COVID-19 pandemic failure. When will there be enough anger to rage through bargaining and depression to accept there needs to be a change? We arise with godly conviction and active rage and boot the current health system in honor 1 million deaths to COVID-19 and say, Never Again!

**We shall never forget!**

**Healthcare reform cannot be delayed, it is now!.....**

### US Healthcare System in Denial!

When a system is 100 years old, only disruptive innovation can make a difference. A system this huge, complex, and old surely deserves a 'new'. We can no longer continue patching and bandaging to keep on keeping

**Healthy People =  
Healthy National Economy**

**Stages of grief:**

**"denial"**

**"anger"**

**"bargaining"**

**"depression"**

**"acceptance"**

**=**

**Take Action**

**Health of the People =  
Healthy Economic Status**

on. It is common knowledge that all countries who renewed their healthcare systems before the COVID-19 pandemic fared better than United States of America (US) when it came to COVID-19 outcomes. Healthcare reform is a rigorous process, but far overdue. Nothing "expected" during the COVID-19 pandemic was "observed". It is time to stop blaming the virus that has always existed and has always done its own thing in its own way. Nature, acting in light of the times, and technology in the time we live in, availed us success, but we failed. Why?

There are two sides of the equation all the time. On one side the virus, on the other side humans. For both sides, we examine objectively like scientists what the expected behavior is and what the observed behavior has been and then decide which side of the equation did not measure up to expected standard and caused such an imbalance the world came to a standstill and was found on its knees before COVID-19 virus.

For any country to move on from COVID-19, one must examine the equation:

**Common Cold Virus (Expected Versus Observed) = US Healthcare system (Expected Versus Observed)**

It is easy to blame the virus and walk away from change, but 1 million people died in 26 months in US, and the world had to



# US Healthcare in Reform

## Common Cold Virus: **Observed/Expected**

stand still for 6 months to one year, and in some countries two years, because of one of the smallest organisms in the world, the 'common cold virus'. Did the virus change or did the healthcare system fail to do what was expected of it to make the equation balance and remain unshaken? Has the common cold virus become uncommon to man after existing for centuries? Examining the different sides of the equation, in observed versus expected mode, will help US answer these questions objectively, and give a scientific measure of imbalance as residual and margins of error.

Common Cold Virus  
(Expected Versus Observed)  
=  
US Healthcare system  
(Expected Versus Observed)

### Common Cold Virus Observed

The virus has been observed to do exactly what it was created to do, exist, and evolve. Adapting to the environment it has been exposed to for over several centuries and evolving to survive.

### Common Cold Virus Expected

The common cold virus never stopped being a virus. There has never been a cure for the common cold virus, but mostly palliative treatment and immune booster, including vitamins, have been

Healthy People  
=  
Healthy National Economy

Common Cold Virus  
(Expected Versus Observed)  
=  
US Healthcare system  
(Expected Versus Observed)

Investing in the Health of  
the People  
=  
Investing in the Economy of  
the People

the order of the day for these viruses. Good old grandma broth (hot soup) and some good rest usually takes care of the common cold. Most medication usually slow the growth and reproductivity of the virus, so the immune system can catchup and kill the virus with natural immunity killer cells.

Viral infection prevention with vaccines is developed as needed, depending on if the benefit outweighs the trouble it takes to develop vaccines. Each year, the virus is expected to go through some form of evolution, depending on what type of resistance it must fight to exist. Either human immunity or quest to wipe down the virus with various antiseptic cleaners including alcohol, whatever the case, the virus is expected to evolve periodically and continue to exist, adapting to its environment.

Like any normal virus, within 3 days to a week of symptoms, we say, "the virus ran its course" and the symptoms subsided. In the case of the COVID-19 Pandemic, the virus was allowed to run its full course over and over again!














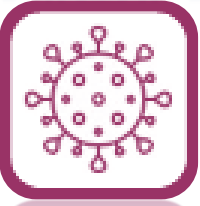













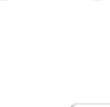











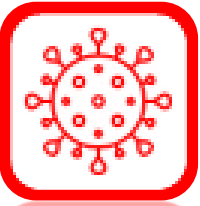












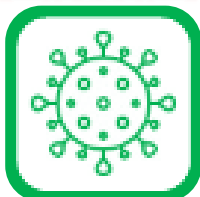
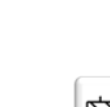











### US Healthcare System Observed

The US healthcare system was created to meet the demands to prevent, treat and sustain the health of 'the people'. The healthcare system is also meant to evolve and adapt to its environment. The US healthcare system is nearly a century old,

# US Healthcare Reform

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

## Corona Virus Observed.....

Corona Virus	2020	2021	2022
	   	   	   
	   	   	   
	   	   	   
	   	   	   
	   	   	   



## US Healthcare in Reform

### US Healthcare System: **Observed**

the preventive care has evolved to nothingness, with fewer preventive care service centers sponsored within the communities where the people dwell. Fewer experts are being trained in preventive medicine, less funds going to preventive health and more experts in the field are asked to look for other job options, as their expertise is not required, and positions deemed a waste of resources and funds. Reasons, nothing ever happens that cannot be handled by US.

The US healthcare system evolved into a huge treatment and care system with preventive care practically deleted, evolving into unfunded prevention programs. These programs were left to swim or drown. Most drowned due to lack of funding and/or expertise.

The healthcare system is now off its base, community based preventive care, and the tip of the system, hospital care, is now the base of the US health and care system. Since the tip is not meant to be the base, when it is time to support the health of the people, the government has had to step-in and support the tip of the healthcare system, the hospitals and help with preventive care. This is not normal. The hospitals were not created to be the base of the healthcare system, they were created to be the tip of the system, only there to help, when necessary, especially when all preventive care fails. They are the last stop in healthcare, the last resort, not the first stop.

Alpha  
(Dec 2020)

Beta  
(Dec 2020)

Delta  
(June 2021)

Omicron  
(Dec 2021)

??

During the pandemic, pretending all is well, the government launched a preventive care strategy, where the local healthcare systems would swing into action and cleanup the 'common cold virus'; the local preventive healthcare systems that were non-existent. Most of the people ended up at the last stop first, the hospitals, and over a million died!

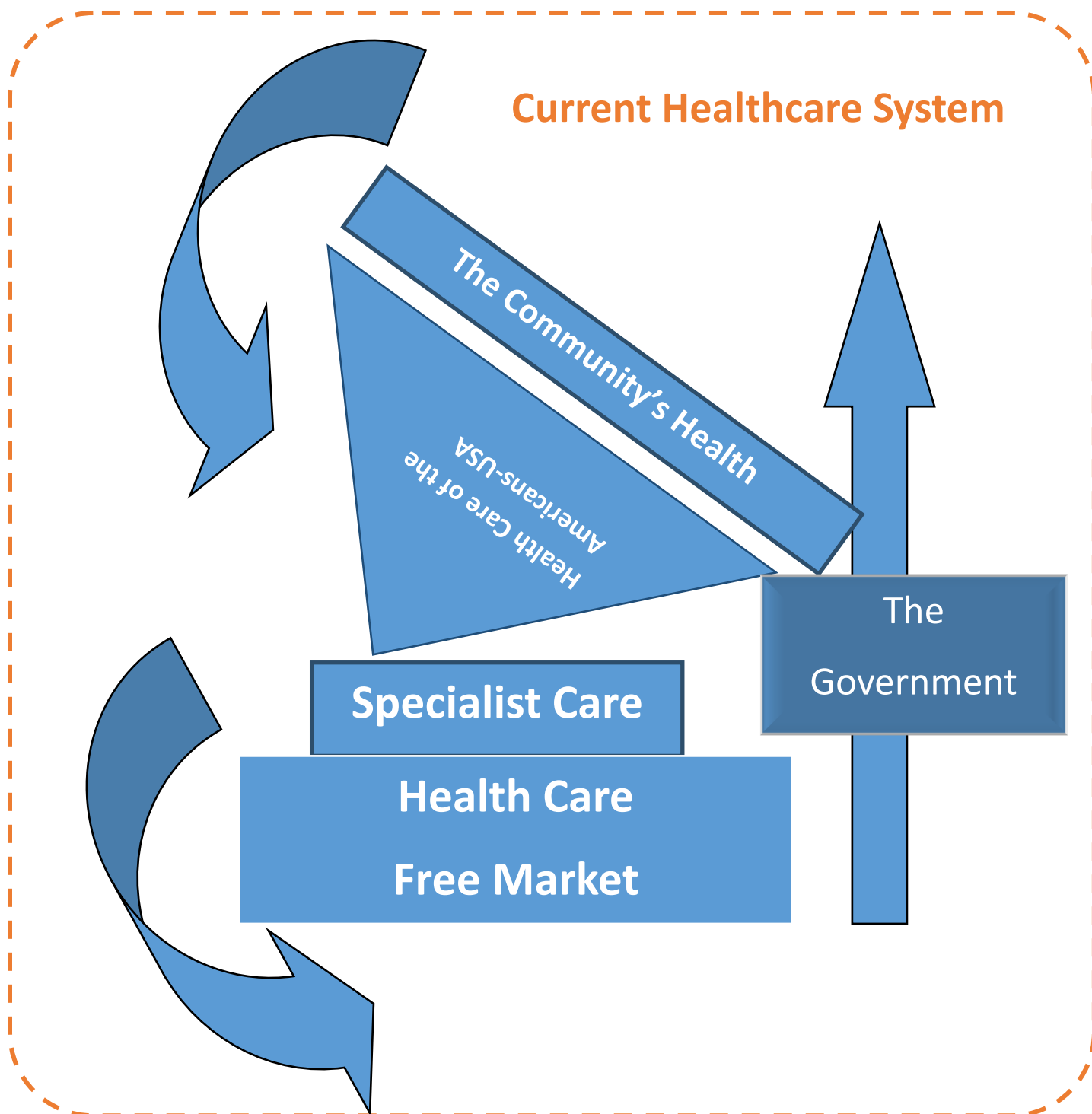
The hospitals, knowing fully well they are the last stop, tried so hard to remain the last stop and keep the patients out, insisting patients visit their local preventive healthcare system instead, just to find out these were non-existing, not funded or dissolved due to lack of human resource. Those local preventive care systems who managed to stay afloat did not have enough hands nor funds to prevent the spread and those who had enough hands did not have the right expertise to get the job done fast and accurately. Those who hired extra hands were waiting to be led by a non-existing leadership. The hospital, the tip of the healthcare system refused to be the base of the healthcare system when the base in the local communities had either drowned or were hanging by a 'thin thread', non-existence, during the COVID-19 pandemic.

When there is a wildfire, you expect the fire department to run towards the fire, while the people run away from the fire, likewise, when there is an epidemic or



## US Healthcare in Reform

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







# US Healthcare Reform

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

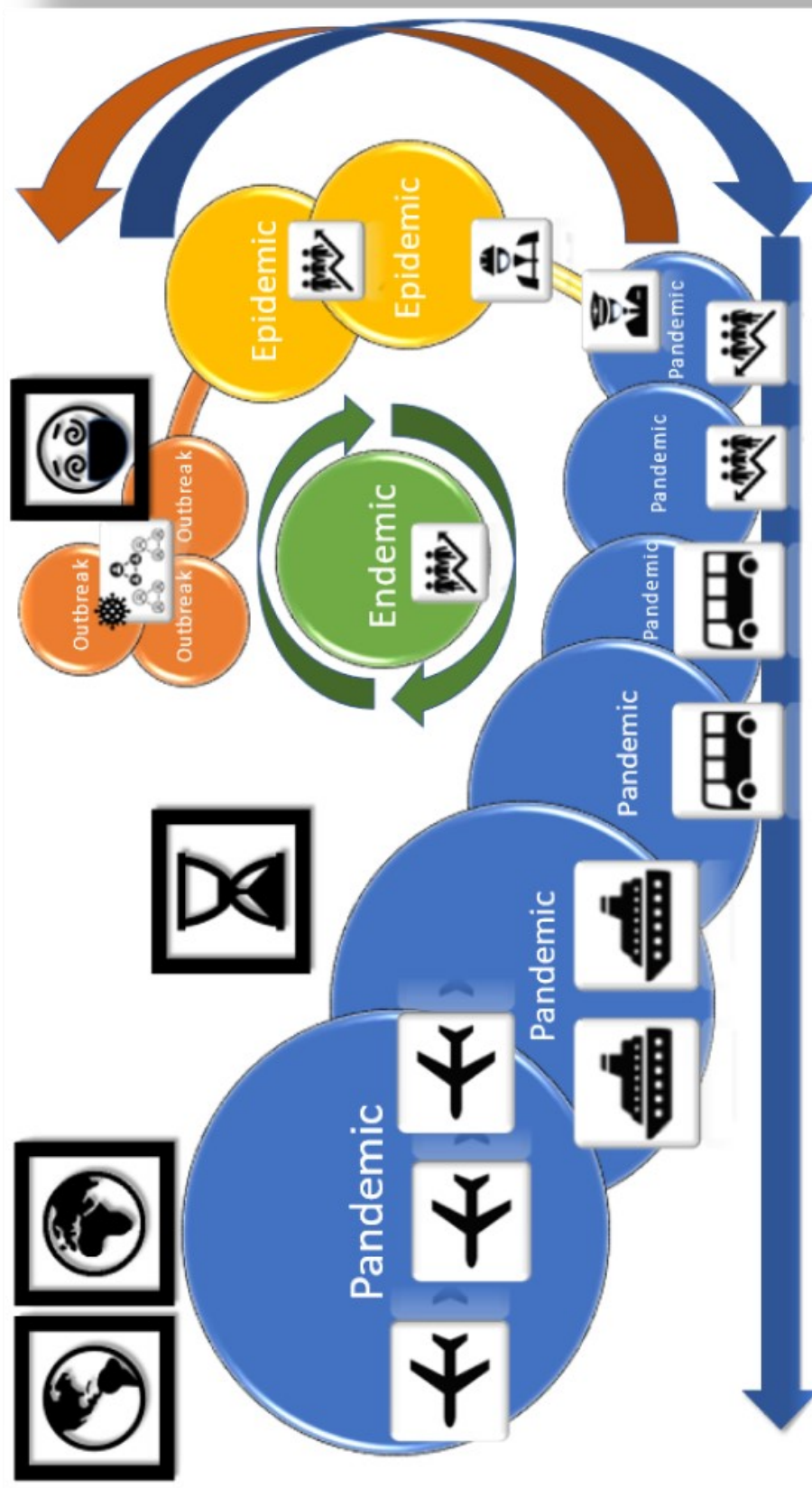
### Giving **Power** back to the People

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



## US Healthcare in Reform

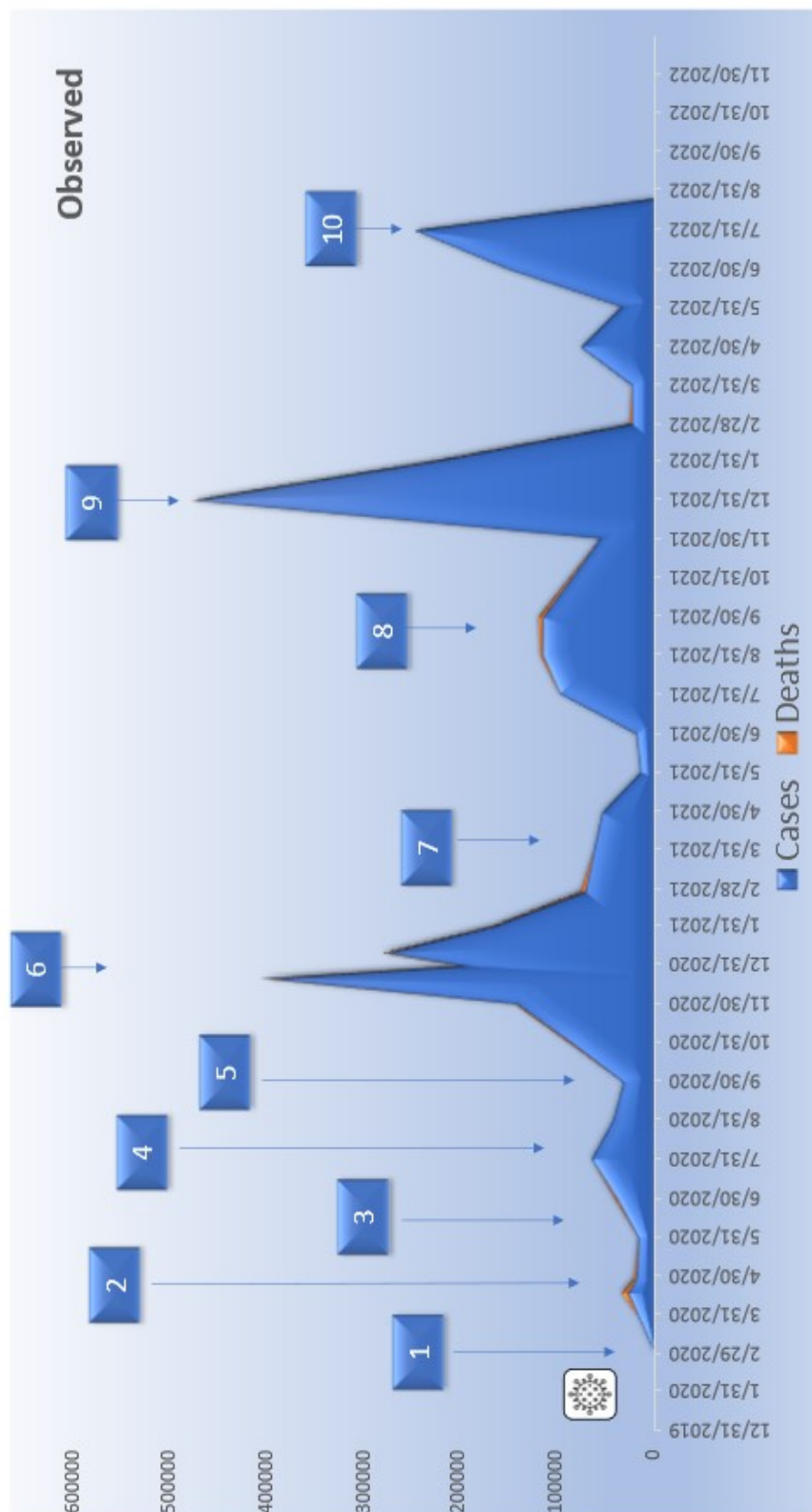
The Corona Virus Pandemic, 2020/2021: **Observed**





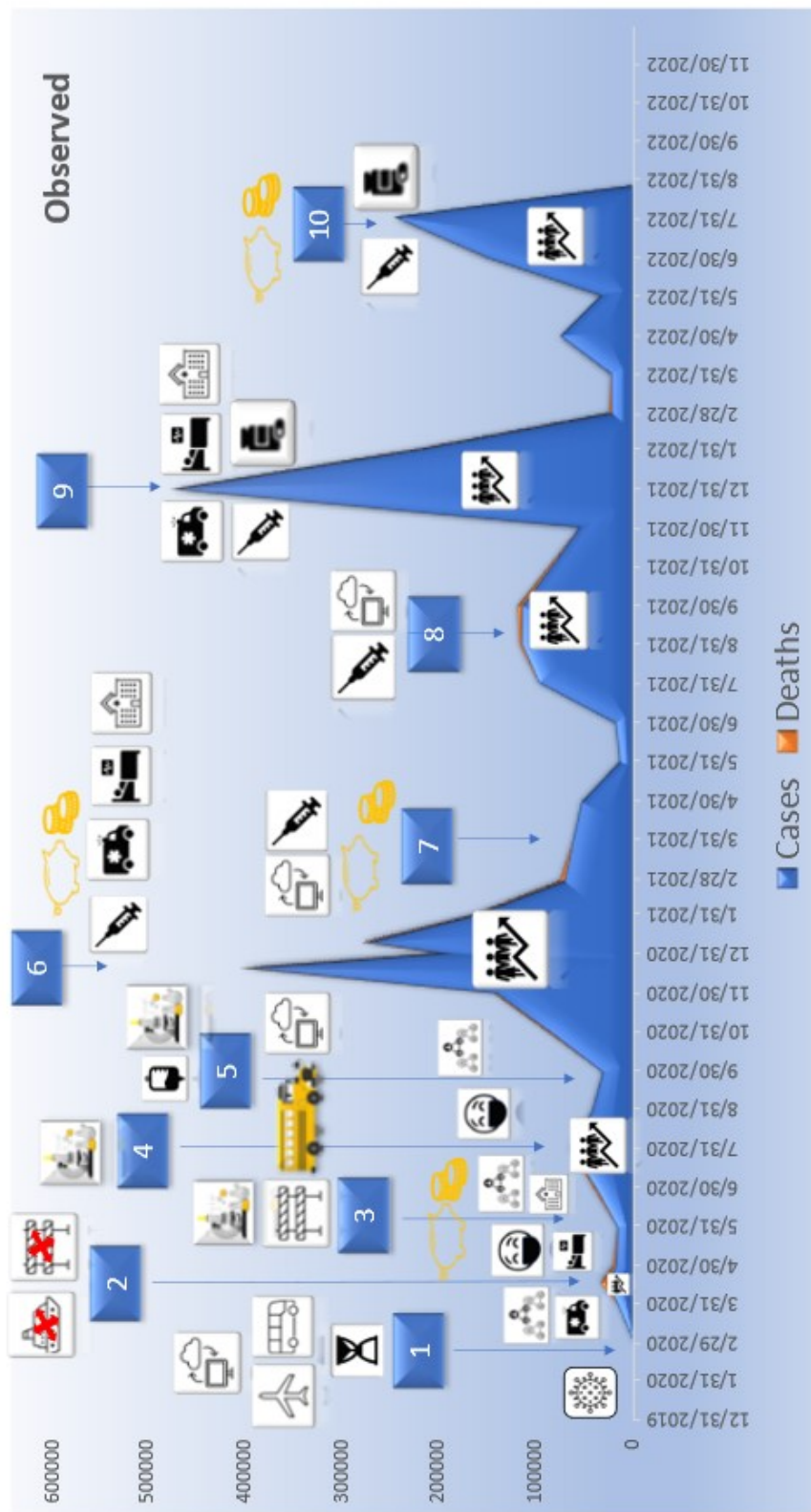
## US Healthcare in Reform

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



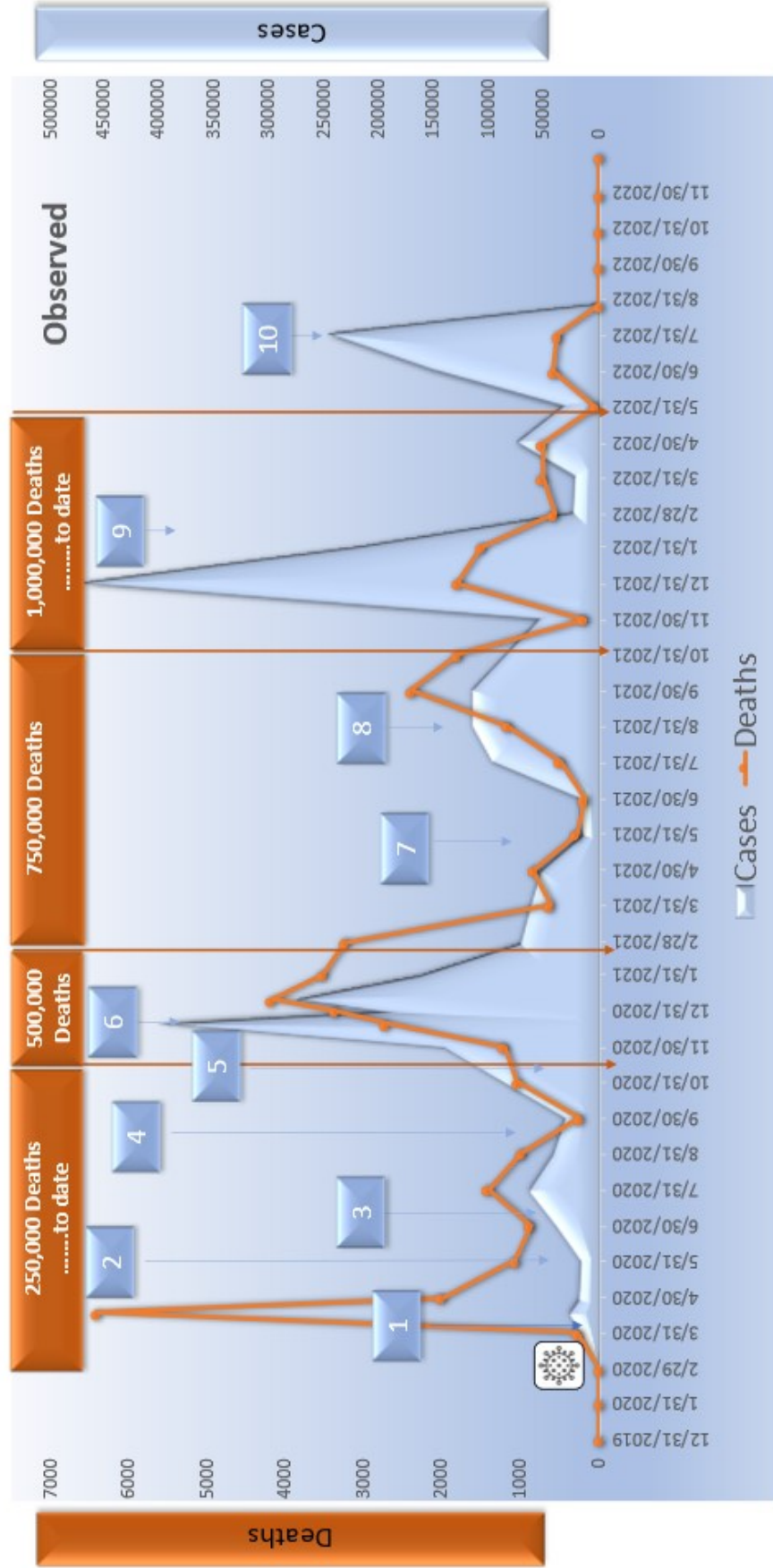
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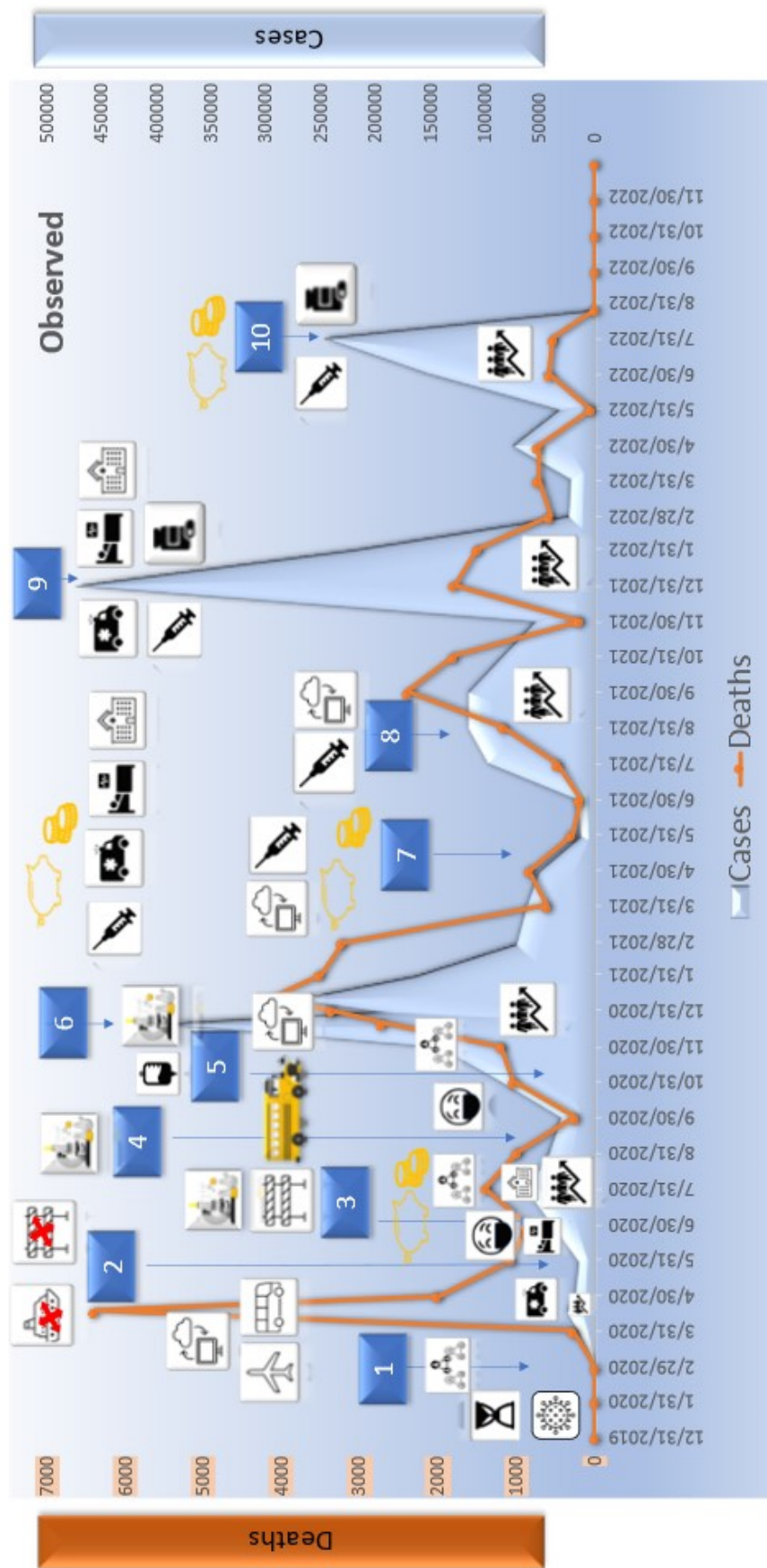
## US Healthcare in Reform

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



## US Healthcare in Reform

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







## US Healthcare in Reform

### US Healthcare System: **Observed**

pandemic, you expect local experts in preventive health to run in and clear the mess, while everyone else run away from the event and “stayed home”. For the COVID-19 pandemic, this did not happen. Those who had the public health power, how be it they were few left with the right expertise, stayed home, and those who ran towards the pandemic had no idea what to do or why. They did not have the right training for the job. Those hired last minute to take on the burden were not given power to act and were easily dismissed once the numbers of those infected or dying came down.

The first test of the system in a century and the system failed. 2003 severe acute respiratory syndrome -SARS COV2, 2009/2010 H1N1, 2014 Ebola, were just teasers, and the infections were mostly kept at bay by foreign healthcare systems, before it spread to US.

The pandemic should be an eye opener on “A” -all or none health and care system, “B” booting the current healthcare system, and “C” focusing on preventive health and care systems, community by community!

#### The Pandemic: Observed Continued.....

In May 2021 US opened COVID-19 vaccination to 12-year-old and above. The US lockdown ended in July 2021 and a post lockdown lift surge began. Hospitaliza-

tions began to rise among unvaccinated, including ineligible children reaching a first-time peak of over 3 children per 100,000 population. However, COVID-19 death reduced by 38.4% from January 2021 peak to September 2021 peak (61.1%). A total of 55.5% of the US population were fully vaccinated by September 30, 2021, and COVID-19 vaccine boosters were open to all those eligible.

In October 2021, COVID-19 vaccination was open to all, five (5)-year-old and above. US opened the borders to 33 countries for the first time after 20 months in November 2021. US reopened land borders to Canada and Mexico fully vaccinated travelers after closing for 19 months.

In November 2021, Omicron became a new COVID-19 strain/variant of concern and within less than one month of being identified, became the dominant strain/variant of COVID-19 in the world. US expands vaccine eligibility for all five (5) year old and older to receive booster dose of COVID-19 vaccine.

In December 2021, right after the Thanksgiving Holiday, US COVID-19 surge began again, the fifth wave observed, and the dominant strain/variant spreading was Omicron. US announced actions to protect Americans against the Delta and Omicron variants.

**A:**  
**All or None**

**B:**  
**Boot the  
Current System**

**C:**  
**Focus on  
Building the  
Communities**

## US Healthcare in Reform







### The Pandemic: **Observed** COVID-19 **Cases & Deaths** 2020 - April 2021, 2022 Still Pending.....

Observed #	Observed Activities
December 2019 	<ul style="list-style-type: none"> <li>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. <b>The Pandemic Clock Starts.....</b> </li> </ul>
February 2020 	<ul style="list-style-type: none"> <li>The Medical World Works on Defining the New strain -Infectivity, Symptoms and Checks for other Sightings All Over the World</li> <li>Corona Virus Sighting Locations are Tracked and Tallied, Locked Down, and an Outbreak or Epidemic or Pandemic is Declared</li> <li>Testing and Diagnosing are Fine-tuned and Disseminated to CDC/State Labs only</li> <li>Public Health goes into Action All Over the World, Initiating Investigations, Tracking Cases, and Curtailing Disease Spread –<i>Face Mask , Washing Hands and Social Distancing</i></li> <li>All Entries by Sea are Tracked for Disease Cases and Exposures</li> <li>Multiple Nursing Homes and Hospitals Showing Signs of Distress with Cases and Deaths</li> <li>Initial Steps taken to Lockdown the US Population in Order to Curtail Disease Spread</li> </ul>
May 2020 	<ul style="list-style-type: none"> <li>Testing and Diagnosing are Fine-tuned and Disseminated to All Labs and Facilities (Polymerase Chain Reaction -PCR identifying Viral RNA only).</li> <li>All Hazards, Disaster Protocols and Economic Stimulus Initiated.</li> <li>Reported Cases and Exposures at Entries by Air and Sea are Tracked for Disease Cases and Exposures for a Period.</li> <li>Contract Tracing Systems, Quarantine and Isolation Orders begins.....</li> <li>Research and Development for Treatment and Vaccines also begins.....</li> <li>Emergency Treatment Authorizations of Plasma/Monoclonal Antibodies.</li> <li>Multiple Communities, Prisons/Department of Justice Population, Nursing Homes, Long-Term Care, and Hospitals Showing Signs of Distress with Increasing Cases and Deaths Monitored.</li> <li>All Lockdowns are Lifted, and Curtailing Disease Spread by Wearing Face Mask, Washing Hands and Social Distancing is Encouraged.</li> <li>Non-essential Workers in US are Encouraged to Work from Home</li> </ul>
July 2020 	<p>Same as above in 3</p> <ul style="list-style-type: none"> <li>Summer Camps for School Age Children are Open and Monitored</li> <li>Vaccine Clinical Trials Phase 2 and Phase 3 begins.....</li> </ul>
September 2020 	<p>Same as above in 3</p> <ul style="list-style-type: none"> <li>Schools are Encouraged to Reopen and are Monitored by School Nurses and the Department of Education Teams</li> <li>Vaccine Clinical Trials Phase 2 and Phase 3 continues.....</li> </ul>



## US Healthcare in Reform

### The Pandemic: **Observed** COVID-19 **Cases & Deaths** 2020 - December 2021, 2022 Still Pending.....

Observed #	Observed Activities
December 2020 	<p>Same as above in 3</p> <ul style="list-style-type: none"> <li>Emergency Treatment Authorizations for Vaccines</li> <li>Vaccine Clinical Trials Phase 4 begins with Selective Immunizations</li> <li>All Hazards, Disaster Protocols for Immunization and Economic Stimulus</li> </ul>
April 2021 	<p>Same as above in 3</p> <ul style="list-style-type: none"> <li>Emergency Treatment Authorizations for Vaccines continues.....</li> <li>COVID-19 Vaccine Clinical Trials Phase 4 begins with Immunization for All 16 years and above -<i>adults and young adults</i></li> <li>All Hazards, Disaster Protocols for Immunization and Economic Stimulus continues.....</li> </ul>
September 2021 	<ul style="list-style-type: none"> <li>COVID-19 Vaccine for 12 years and above (May 2021)</li> <li>US Opens up after COVID-19 Lockdown (July 2021)</li> <li>US Hospitalization of Children Increase to over 3 per 100,000 US Population (September 2021)</li> <li>US COVID-19 Deaths Reduce by 38.4%; to 61.6% of Peak (January 2021 vs September 2021)</li> <li>US has Fully Vaccinated 55.5% of Population (September 2021)</li> <li>COVID-19 Vaccine Booster after Primary Series Offered (September 2021)</li> </ul>
December 2021 	<ul style="list-style-type: none"> <li>COVID-19 Vaccine for 5 years and above (October 2021)</li> <li>US Opens Border to the World (November 2021)</li> <li>Beta and Delta Strains/Variants Overtaken by Omicron COVID-19 Strain/Variant Spread Across World Borders Within less than ONE Month (November/December 2021)</li> <li>US COVID-19 Surge begins.....</li> <li>All Hazards, Disaster Protocols for Immunization and Economic Stimulus continues.....</li> </ul>
June 2022 	<ul style="list-style-type: none"> <li>US COVID-19 surge continues with new strains/variants -Omicron</li> <li>Vaccine efficacy reduces with more vaccinated individuals reinfected, some hospitalized and fewer deaths</li> <li>Oral antivirals disseminated with re-bound infections</li> <li>Local testing and treating COVID-19 -"Home-Based-Care" programs begin.....</li> </ul> 

Data Source: <https://www.who.int>; Reuters US COVID-19 Update Sept 30, 2021; USA Today "How Bad is COVID-19 in Kids? Oct 8, 2021



# US Healthcare in Reform

## US Healthcare System: **Expected**

US Omicron surge with strains/variants evading vaccine and prior immunity protection. Infections, hospitalizations, and deaths surge once again to an all-time high. From November 2021 to July 2022, US has seen surge in COVID-19 cases caused by B.1.1.529 known as Omicron, and other Omicron subvariants including BA.2, BA.4 and now BA.5.

Between November 2021 and July 2022 US approved antivirals Remdesivir, authorized Paxlovid (nirmatrelvir/ritonavir), and Lagevrio (molnupiravir); authorized monoclonal antibodies Bebtelovimab and Evusheld (casirivimab/imdevimab), Sotrovimab; and immune modulators Olumiant (baricitinib) and Actemra (tocilizumab) for the treatment of COVID-19. Olumiant was finally approved for COVID-19 treatment in May 2022.

In March 2022, US ends universal case investigation and contact tracing, encouraging focus on high-risk settings including jails/prisons, shelters, and long-term care facilities. More than half of US states already ended universal contact tracing before March 2021. Most failed to implement contact tracing and only counted cases, giving cumulative counts at the end of each day. Most contact tracing forms were returned blank, and US, once again relied on Hospital and Laboratory data to have enough details on COVID-19 in local communities. Relying on the tip to figure out what is going on at the base. Relying

on hospital notes by doctors in various communities.

Within 13 months of the first 500,000 US COVID-19 deaths, another 500,000 COVID-19 deaths occurred, bring the total number of deaths from COVID-19 to 1,000,000, May 2022. Within 26 months of inception in March 2020, US recorded the highest number of deaths from COVID-19 in the world. US was in its sixth wave of COVID-19 surge with over 20% increase in hospitalizations in May 2022.

By April/May 2022, US launched COVID-19 Test-to-Treat initiative, a one stop test and treat initiative for home-based care COVID-19 treatment made possible by the oral antiviral Paxlovid, with a promise to reduce hospitalizations and death.

In April 2022 US ended its pandemic border rules in place since March 2022, put in place due to concerns about COVID-19 spread from the border.

### US Healthcare System Expected

The base of the US healthcare system is the Community Preventive Care System. One of the major tasks of the community healthcare system is to prevent the spread of diseases. The spread of COVID-19 virus should have been prevented at the border before entering the US communities. In lieu of this, the next stop for prevention is local community, Community-by-Community

Alpha  
(Dec 2020)

Beta  
(Dec 2020)

Delta  
(June 2021)

Omicron  
(Dec 2021)

??



## US Healthcare in Reform

### US Healthcare System: **Expected**

prevention of the spread and curtailing the virus at the base of the healthcare system. The last-resort-stop, the hospital, were not to be engaged unless last resort consultation was deemed necessary, and death was imminent.

Only a few thousands (650,500 cases) were meant to be infected while the virus is curtailed and cleaned out over a 3-year period. Some hundreds were meant to die (10,000 deaths within 3 years) while cleaning out the virus from the communities. Just like any new strain/variant of the virus, evolution and sub-variants are anticipated. No cure is envisioned, just lots of rest and immune boosters are anticipated to help the human body fight the virus. Antivirals are anticipated to slow the reproduction and growth of the virus, while the immune system of the infected individual re-boots and fights the virus.

Vaccines are anticipated for the high-risk population to prevent surge of the number of those infected each year. It is also important to note that each year, a re-combination of the vaccine is warranted, anticipating new strains or variants of the virus, as the virus evolves. The virus strains or variants are studied all year. Strains walking across the border, and new strains found in the local communities are tracked and reported for further test on virulence, in preparation for the annual vaccine update and production.

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

#### The Pandemic: Expected Continued.....

In June 2021 the Phase 4 clinical trial of COVID-19 is complete and vaccination is open for all including children. The population is vaccinated and by September 2021 75% of the US population are fully vaccinated. The US borders are open, and all ports of entry -air, sea and land are monitored. All travelers are monitored for the virus and new strains/variants, quarantined, and tested before release. Post lockdown lift, after fully reopening, COVID-19 surge occurs with 60% reduction in death and hospitalization. The remaining 25% unvaccinated US population become the target for vaccine campaign. More vaccinations are completed, and death and hospitalization rate reduce to 15%.

In October-December 2021 updated COVID-19 vaccines are offered to all ages with all strains/variants observed and researched all year long included in the vaccine, presenting a re-surge of the viral infection among vaccinated.





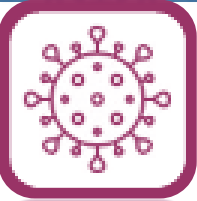




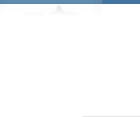


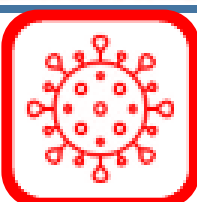
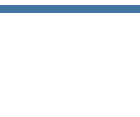
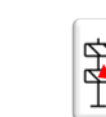

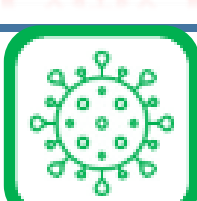
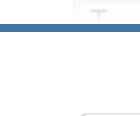






January 2022 to July 2022 new antivirals or combination of immune boosters and antivirals that work on the various strains/variants are approved, adopted, and disseminated worldwide to prevent and treat the virus. The final clean-up of the virus begins, with an anticipated end by December 2022. From January 2023 onward, research and clean-up of sentinel events and tracking of new variants for annual vaccine updates continues. Vaccines available to all and encouraged for at high-risk individuals each fall.



# US Healthcare Reform

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

### Corona Virus **Expected.....**

Corona Virus	2020	2021	2022
Alpha (Dec 2020)	   	   	   
Beta (Dec 2020)	   	   	   
Delta (June 2021)	   	   	   
Omicron (Dec 2021)	   	   	   
??	   	   	   



# US Healthcare in Reform

## US Healthcare System: **Expected**

### Re-creating a fine balance between the Common Cold Virus and the US Healthcare System

There was no change in the virus observed. All changes reported were normal evolutionary changes over time. The COVID-19 virus was in fact affirmed to be the same as the virus sited in 2002/2003 SARS COV2, so it is not a new virus, just evolving.

Between 2002 and 2019, surely this virulent virus was being monitored for evolution and vaccines and medication were developed and tried on it. Or..... nothing was done as these efforts were classified as a "Waste" of time and resources.

Looking at the events over the past century, there has been an imbalance in the expected versus observed protocols when it comes to the US healthcare system and the "common cold virus". The virus never changed, the US healthcare system changed and created the imbalance and hence the Pandemic.

### A fine balance

A fine balance can be achieved between any pandemic event and the US healthcare system. This starts by putting the system back on its base, community-by-community.

### A: All or None

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

## A: All or None

## B: Boot the Current System

## C: Focus on Building the Communities

All-inclusive healthcare system should be embraced. One that focuses on the People within their Communities, preventing diseases. The cost of the "All" Healthcare will still be covered by the People, their Employers, and the Government. 100% Corporate Taxes and Direct Healthcare Tax to Paycheck should be used to cover the costs. Focusing on Prevention via Community Healthcare Systems-"housing"-Public Health Prevention Programs should be the foundation of the "All" Inclusive Healthcare System.

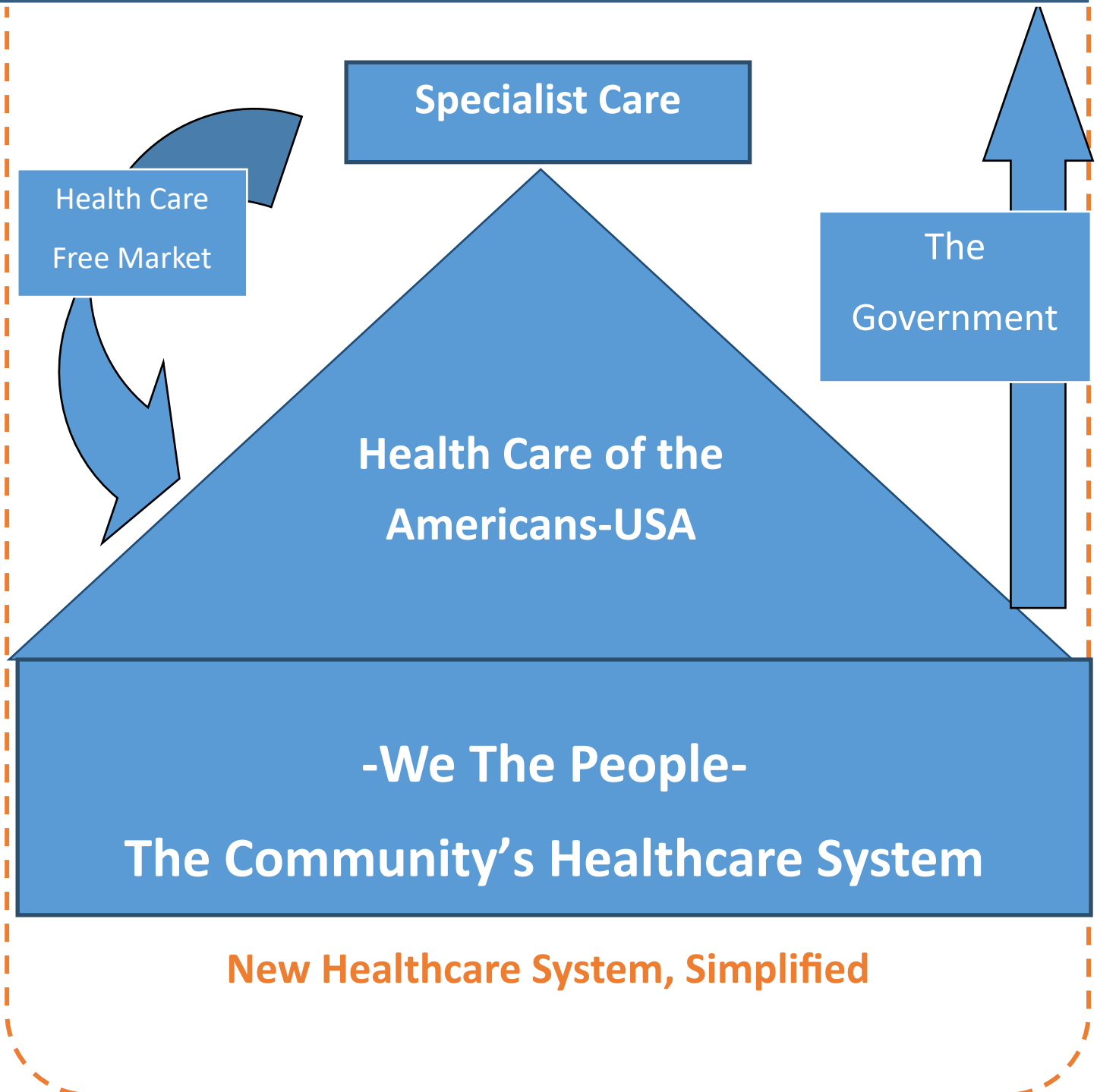
### B: Boot the Current System

**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.

The current US Healthcare System is based on a 93-year-old concept, and it is obsolete. The structures, systems and strategies for this system were developed after World War I and the Spanish Flu pandemic in 1918. In 1929, due to humanitarian crisis and increase in disease among the poor, and economic recession 10 years after the 1918 Pandemic, these concepts were developed. These concepts have survived nearly a century, with lots of updates and improvements. These improvements have caused the US Community Health Status Model Thermostat to incline towards Treatment, which is expensive with poor outcomes. US is now known for spending the most amount of



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







# US Healthcare Reform

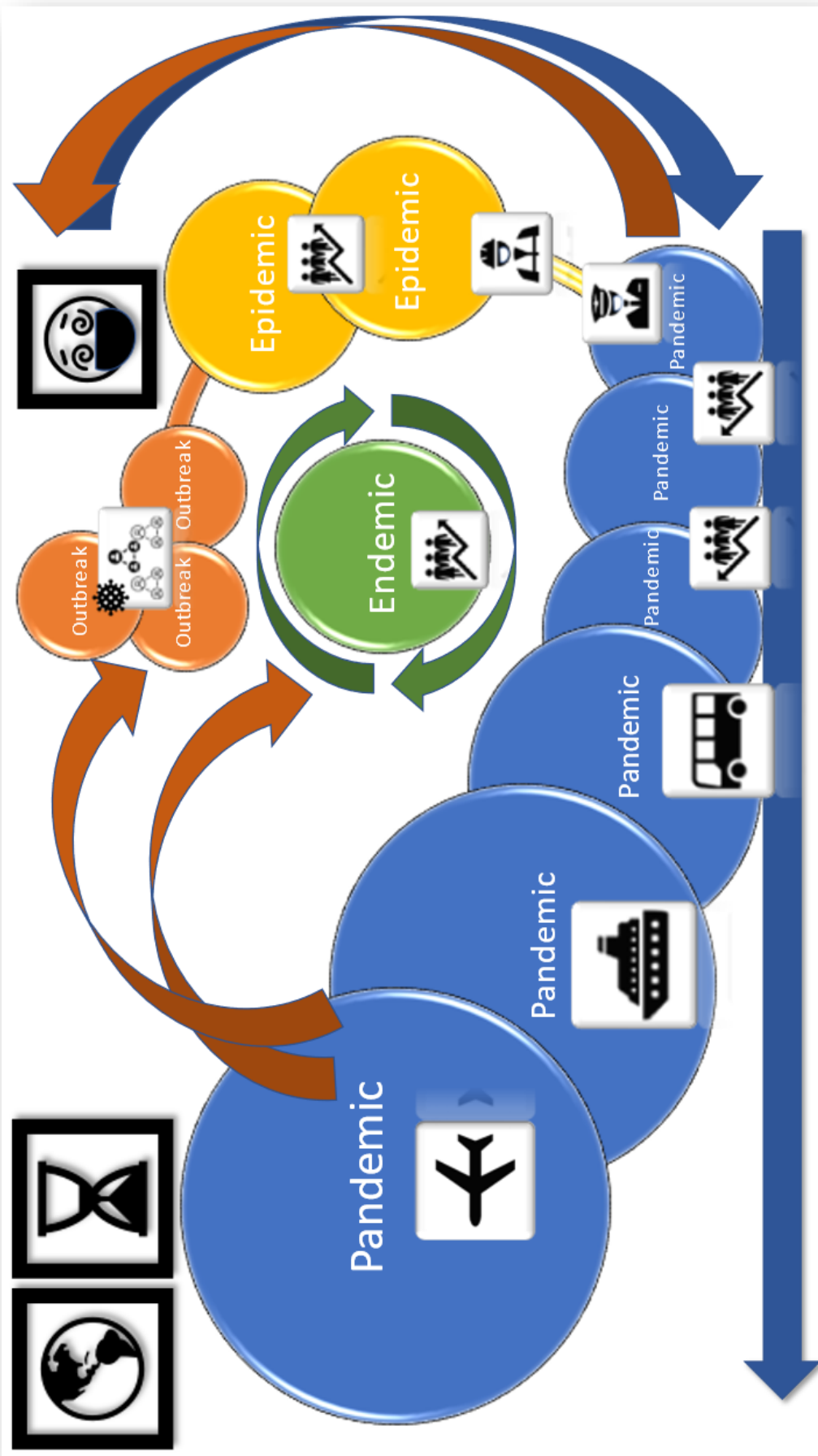
## The Plan

**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

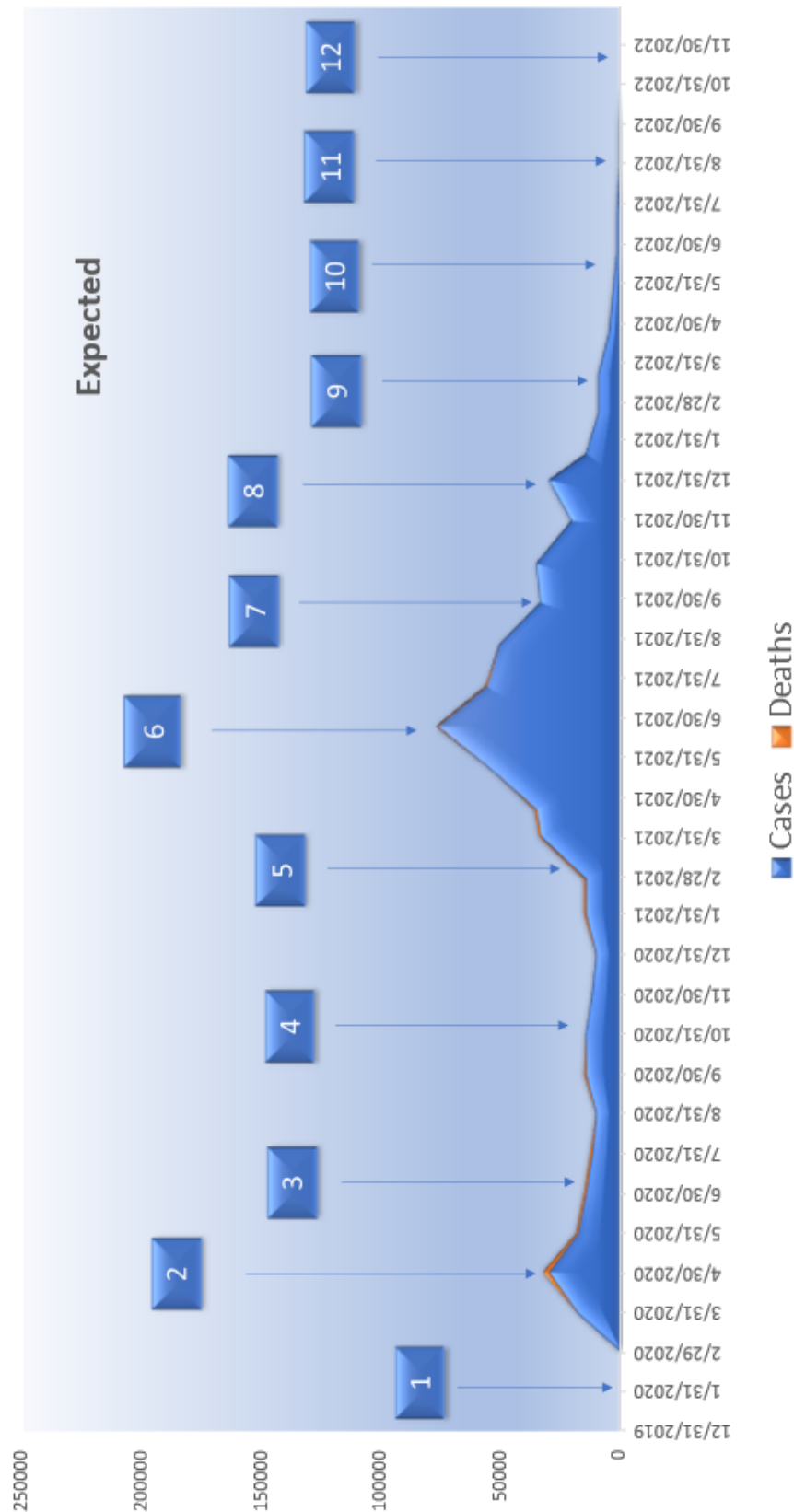
## US Healthcare in Reform

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



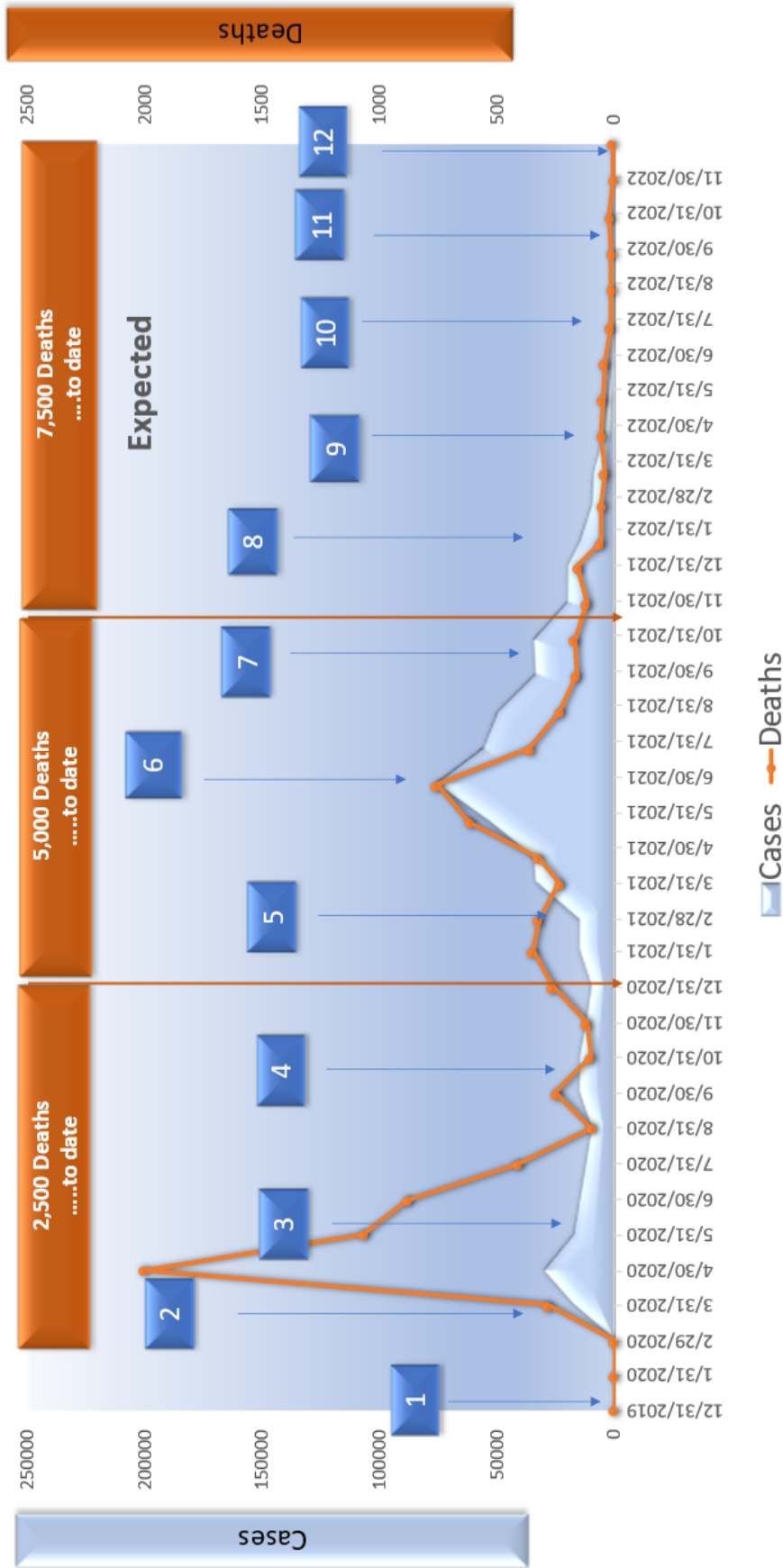
## US Healthcare in Reform

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



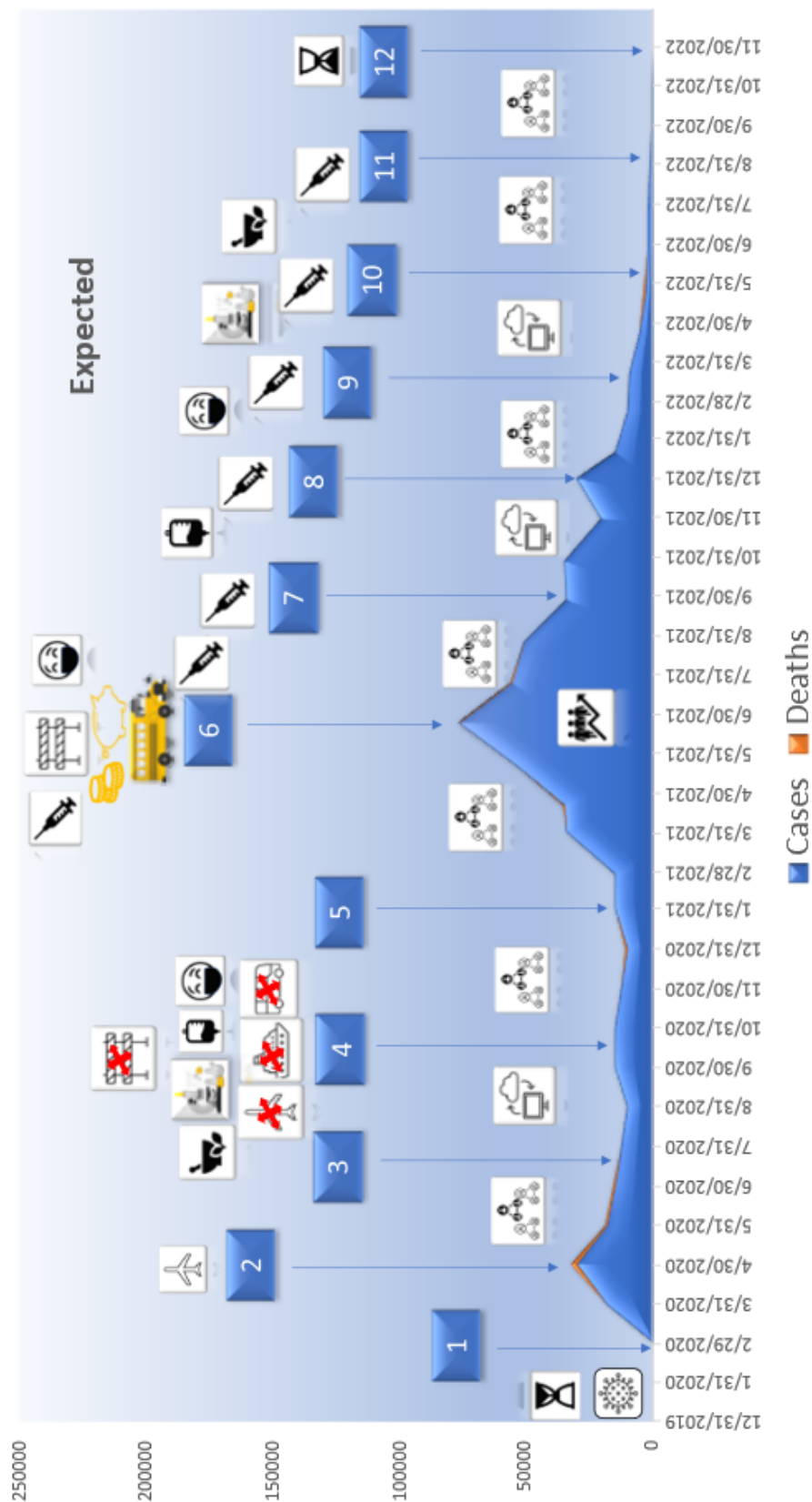
# US Healthcare in Reform

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



## US Healthcare in Reform

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





# US Healthcare in Reform

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

Expected #	Expected Activities
December 2019 	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. <b>The Pandemic Clock Starts.....</b> 
January 2020 	<ul style="list-style-type: none"> <li>The Medical World Works on Defining the New Strain/Variant -Infectivity, Symptoms and Checks for Other Sightings All Over the World.</li> <li>Testing and Diagnosing are Fine-tuned and Disseminated to All Labs and Facilities.</li> <li>Corona Virus Sighting Locations are Tracked and Tallied, Locked Down, and an Out-break or Epidemic or Pandemic is Declared.</li> <li>All Hazards, Disaster Protocols and Economic Stimulus Initiated.</li> <li>All Borders are Monitored, and All Entries by Land, Air or Sea are Tracked for Disease Cases and Exposures.</li> <li>Quarantine and Isolation begins.....</li> <li>Public Health goes into Action All Over the World, Initiating Investigations, Tracking Cases, and Curtailing Disease Spread.</li> <li>Research and Development for Treatment and Vaccines also begins.....</li> <li>Emergency Treatment Authorizations.</li> </ul>
June 2020 	Same as above in 2
October 2020 	<p>Same as above in 2</p> <ul style="list-style-type: none"> <li>Vaccine Clinical Trials Phase 2 and Phase 3 begins .....</li> </ul>
January 2021 	<p>Same as above in 2</p> <ul style="list-style-type: none"> <li>After Action Report on Events and Activities So Far and Updated-Strategies .</li> <li>Vaccine Clinical Trials Phase 4 Begins with Selective Immunizations.</li> </ul>
June 2021 	<ul style="list-style-type: none"> <li>All Lockdowns are Lifted.</li> <li>All Borders are Monitored, and All Entries by Land, Air or Sea are Tracked for Disease Cases and Exposures.</li> <li>Vaccine Clinical Trials Phase 4 Begins with Immunizations for All.</li> </ul>





## US Healthcare in Reform

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

Expected #	Expected Activities
September 2021 	<ul style="list-style-type: none"> <li>• All Borders are Monitored, and All Entries by Land, Air or Sea are Tracked for Disease Cases and Exposures.</li> <li>• Immunizations for All; 75% of Population Vaccinated.</li> </ul>
December 2021 	<ul style="list-style-type: none"> <li>• All Borders are Monitored, and All Entries by Land, Air or Sea are Tracked for Disease Cases and Exposures.</li> <li>• Immunizations for All; Boosters for High Risk.</li> </ul>
March 2022 	<ul style="list-style-type: none"> <li>• All Borders are Monitored, and All Entries by Land, Air or Sea are Tracked for Disease Cases and Exposures.</li> <li>• Immunizations for All: 25% of Population as Target</li> </ul>
May 2022 	<ul style="list-style-type: none"> <li>• All Borders are Monitored, and All Entries by Land, Air or Sea are Tracked for Disease Cases and Exposures.</li> <li>• Immunizations for All: 25% of Population as Target</li> </ul>
August 2022 	<ul style="list-style-type: none"> <li>• All Borders are Monitored, and All Entries by Land, Air or Sea are Tracked for Disease Cases and Exposures.</li> <li>• Immunizations for All: 25% of Population as Target</li> </ul>
December 2022 	<ul style="list-style-type: none"> <li>• After Action Report on Events and Activities So Far</li> <li>• Updated-Strategies.</li> <li>• Immunizations for All; Boosters for High Risk.</li> <li>• COVID-19, a Common Cold Virus becomes “Common”!</li> </ul> 



## US Healthcare in Reform

### US Healthcare System: **Expected**

funds on healthcare with the worst outcome in the world. This could be regarded as waste and fraud.

#### C: Focus on Building the Communities

**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".

Focus on the communities and set the Foundation of Healthcare in US back on its base -Community Health Centers and their Public Health Prevention Programs fully funded. Most would need new qualified staff, new buildings, new laboratories, more hands-on deck, creating local jobs and encouraging neighborhood health watch, saving costs. Cost savings can be used to develop the community economy, funding local small businesses; keeping in

**The  
Health & Care  
of the  
People  
cannot be Sep-  
arated from  
the Economy  
of the  
People**

mind the fact that Healthcare and Economic status of the People and their Communities cannot be separated.

One cannot choose one part of the equation and ignore the other, neither can one blame the virus for 1 million deaths without having the virus defense team at hand and reviewing the healthcare system, the other part of the equation. If the government bailed the economy and the pandemic at the same time, to prevent a dis-economy, what happens to the imbalance caused by the aged healthcare system. Another pandemic to come?.....**Still in Denial!**

References	Source
Central Intelligence Agency –CIA	<a href="https://www.cia.gov/the-world-factbook/countries/united-states">https://www.cia.gov/the-world-factbook/countries/united-states</a>
US Department of Health and Human Services –HHS	<a href="https://www.hhs.gov/about/budget/index.html">https://www.hhs.gov/about/budget/index.html</a> <a href="https://www.hhs.gov/sites/default/files/fy-2021-budget-in-brief.pdf">https://www.hhs.gov/sites/default/files/fy-2021-budget-in-brief.pdf</a>
US Department of Treasury	<a href="https://home.treasury.gov/">https://home.treasury.gov/</a>
World Health Organization –WHO	<a href="https://www.who.int">https://www.who.int</a>
World Bank	<a href="https://data.worldbank.org/indicator/">https://data.worldbank.org/indicator/</a>



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

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Author: A-Kins Analysts and Project Managers

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**Looking forward to hearing from you!**



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**"Successfully implementing impossible projects in impossible places"**

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