



US Healthcare in Reform

The Plan

.....US Healthcare Reform is now!

The Plan

The saying, a healthy People make a healthy Nation is not overrated. In economics, **the healthcare of the people cannot be separated from the Economy of the People.**

A healthy people is a healthy workforce, and a healthy workforce makes for a healthy economic status of the people, and a healthy National Economy. Creating value and wealth in a nation is only possible if the people are in good health.

For a balanced equation, both sides of the coin must be invested in:

Healthy People = Healthy National Economy

One cannot choose one part of the equation and ignore the other, neither can one shine the tail of the coin and leave the head un-shined or raw from the melt. The worth of a coin reduces, and one may even report a coin as counterfeit if only one part i.e., the tail is paid attention to and not the head. For there to be some value in a coin, both sides of the coin need attention - creating value.

**Healthy People =
Healthy National Economy**

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



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

**Health Economics =
Health of the People
= Prevention =
Healthy Economic Status of
the people =
Healthy Economic State of
the Nation**

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

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

In Economy, **Business Economies of Scale** considers the health of the population, that is a healthy labor workforce, the capital and natural resources invested, in order to quantify the economic status and potential of a Nation, creating wealth.

Diseconomy occurs when an **Unhealthy Labor Workforce** carries out more activities with less production, hence diminishing Value or Profit. This has occurred during the COVID-19 Pandemic. When about one out of every forty individuals in a nation are ill at the same time, a "Diseconomy" is proclaimed and the government steps in to correct the diseconomy and set the Nation back on track.

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



US Healthcare in Reform

The Plan: **Observed**

Resolving the Diseconomy of the Nation due to the Ill Health of the Nation

In Business Economics, a diseconomy warrants qualitative or quantitative intervention for a resolution, but in healthcare, a diseconomy warrants investing in Health Economics which is Prevention or Community Based Public Health Systems.

Health Economics = Health of the People = Prevention = Healthy Economic Status of the people = Healthy Economic State of the Nation

The Plan: Observed

The pandemic created a diseconomy and the government show up to revert the diseconomy by investing in the people, the business, reducing cooperative taxes, creating loans for businesses to stay afloat, but there are two parts to this coin:

**Healthy People =
Healthy National Economy**

**0.3% of COVID-19 Spending Funds =
99.7% of COVID-19 Spending Funds**

The health of the people failed, inability to work because of ill health was at its peak, and the number of people dying increase exponentially. The Labor work-

**Healthy People =
Healthy National Economy**

**0.3% of COVID-19 Spending
Funds was spent on
Healthcare ≠
99.7% of COVID-19 Spending
Funds was spent on
Economic Stimulus**



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

force of the economy was at its lowest point, yet the only part of the coin invested in is the economy of the Nation. A total of 99.7% of the **US COVID-19 spending funds** went to economic stimulus while 0.3% the **US COVID-19 spending funds** went to procuring vaccines and paying for hospitalization of those ill via Medicare and Medicaid. The equation is not balanced, and the economic coin of the nation is "worthless" -creating less value.

Why did the little Wuhan city outbreak in China, a city of about 10.8 million people, become an epidemic in China and **within ONE month a PANDEMIC**, creating poor health outcomes with the highest fatality numbers in the world found in US? *-The healthcare system has lost its foundation!*

About 2% of the **Healthcare Spending Budget** funds spent by the US government, excluding private or individual healthcare spending each year, goes to Prevention. The 93-year-old healthcare system sustained by 2% of the US Annual Healthcare spending fund can no longer sustain the health of the American people. The Community Health Center Model is no longer the foundation of the health of the communities and so the funding received cannot sustain Prevention. US is



US Health Care in Reform

US Healthcare Spending.....Where we are.

US Health Care Expenditure

19.7% Gross Domestic Product –GDP, 2020

1st in the worldwith \$12,530 per Capita/Person

Healthcare Spending

1st

\$4.1 Trillion, 2020

NATIONAL HEALTH EXPENDITURE, 2020

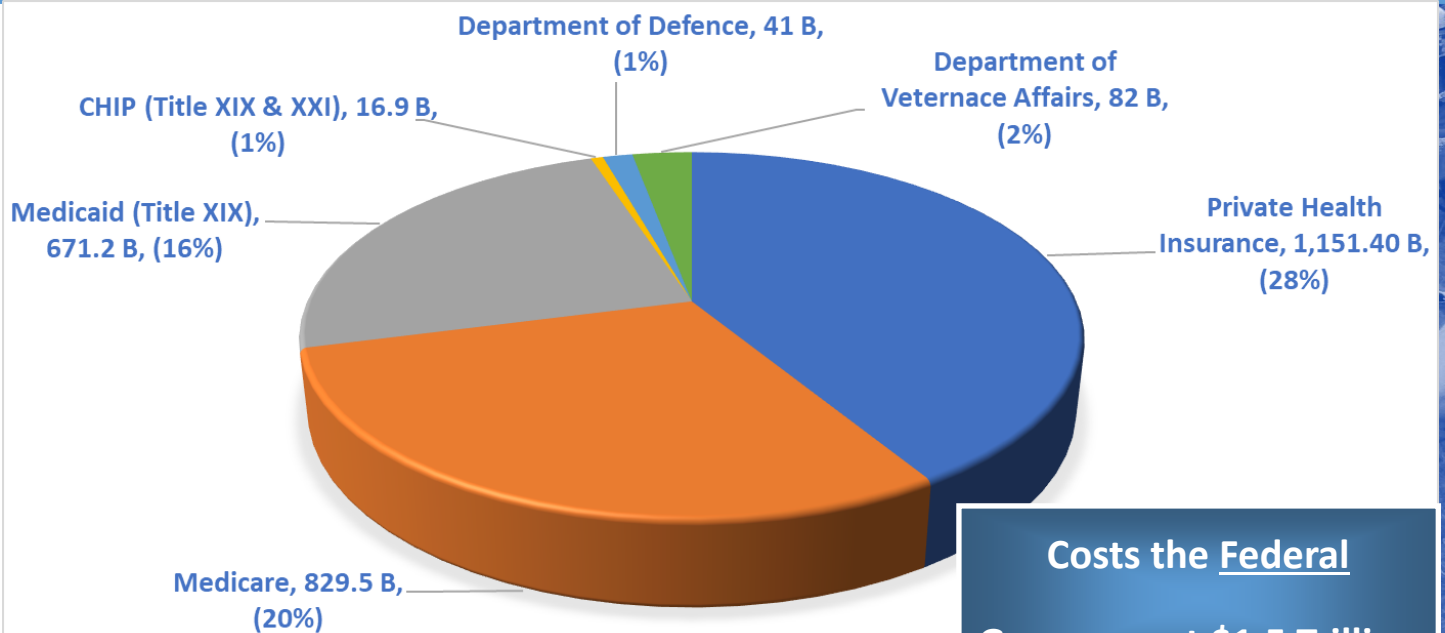
Costs the People

\$2.6 Trillion

US HEALTH CARE GOVERNMENT SPENDING \$1.5 TRILLION

US PRIVATE HEALTH CARE SPENDING \$2.0 TRILLION

US OTHER HEALTH CARE SPENDING \$0.6 TRILLION



Costs the Federal

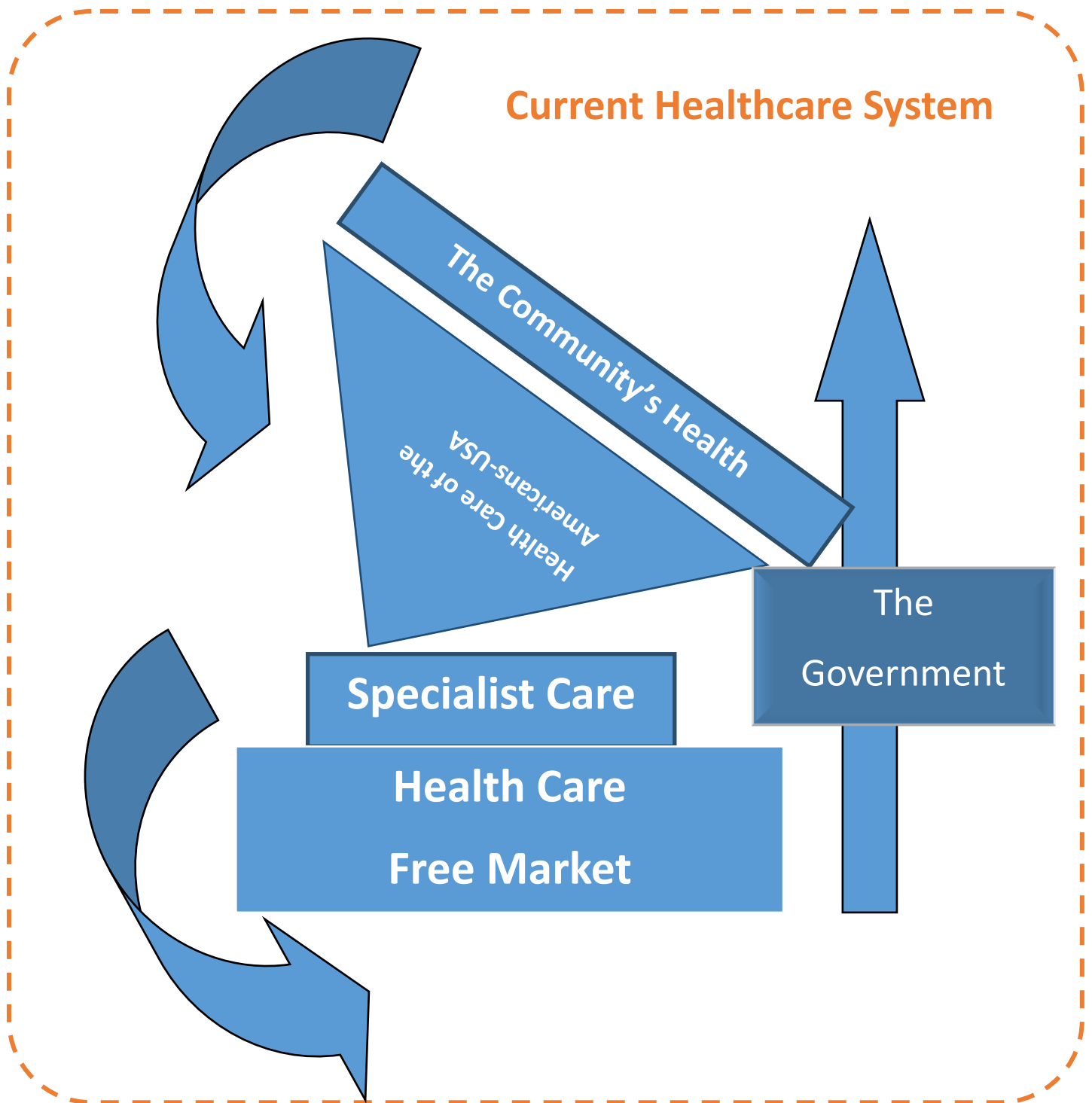
Government \$1.5 Trillion

Source: <https://data.worldbank.org/indicator/>; <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet>



US Healthcare in Reform

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





US Healthcare in Reform

The Plan: **Observed**

signed on as the country with the most deaths and the poorest outcome despite the funds and vaccines thrown at the COVID-19 Virus (0.3% of COVID-19 Spending Funds). This is because a 93-year-old system with a need for a foundation restructuring is carrying the weight of a Pandemic for 2 years with 2% of the US National Health Care Spending used to keep the broken foundation together while serving the “American People”.

Treatment is currently about 98% of all US healthcare spending every year, funded by the government, the Employer Healthcare Insurance bills from paycheck, and “the People” -out of pocket, also covered by private health insurance, Medicare, Medicaid and other government programs for high-risk population and children. Hospitals, Insurance companies and healthcare businesses are key to making treatment interventions work in US and this inclines US healthcare spending towards treatment, turning the foundation of the healthcare up-side-down from prevention to treatment.

So, the current foundation of healthcare leans entirely on Treatment, sponsored by the Hospitals run by the Health Insurance Companies, paid for by the US Government and the American People. Hence, the lingering COVID-19 Pandemic thrown at a 93-year-old health care sys-

Healthcare Reform is NOW!



**Healthy People =
Healthy National Economy**

4.0 Trillion = 4.0 Trillion

**Healthcare 50% of Reform
Spending Funds = Economic
Recovery 50% of Reform
Spending Funds**



tem without a foundation and entirely leaning on Federal Government funds for functional sustenance, lasting 2 years. This accounts for the lingering 2-year-old pandemic.....**Healthcare Reform is NOW!**

Every year, healthcare spending including “**Prevention, the foundation of Health Economics**”, is sponsored by Community Health Centers, their Public Health Programs, and the people within US communities (Non-Governmental Agencies), Fundraising, and funding also coming from the Federal Government Agencies through the State. These all amount to 19.7% of **US Gross Domestic Product (GDP)**. During the diseconomy caused by COVID-19, the government had to take over prevention and spend 0.3% of the **COVID-19 spending funds** (0.11% of the GDP) on the Health of the People, increasing the US Gross Domestic Product (GDP) by 0.2% in 2020, from 17.6% to 19.7% (1.9% of the GDP growth being the true growth rate from 2019-2020). COVID-19 lockdown and hospital shot down accounts for the slow growth rate of the Healthcare GDP, with 4.3% “true growth rate” prior year 2018-2019 compared to 1.9% “true growth rate 2019-2020.”



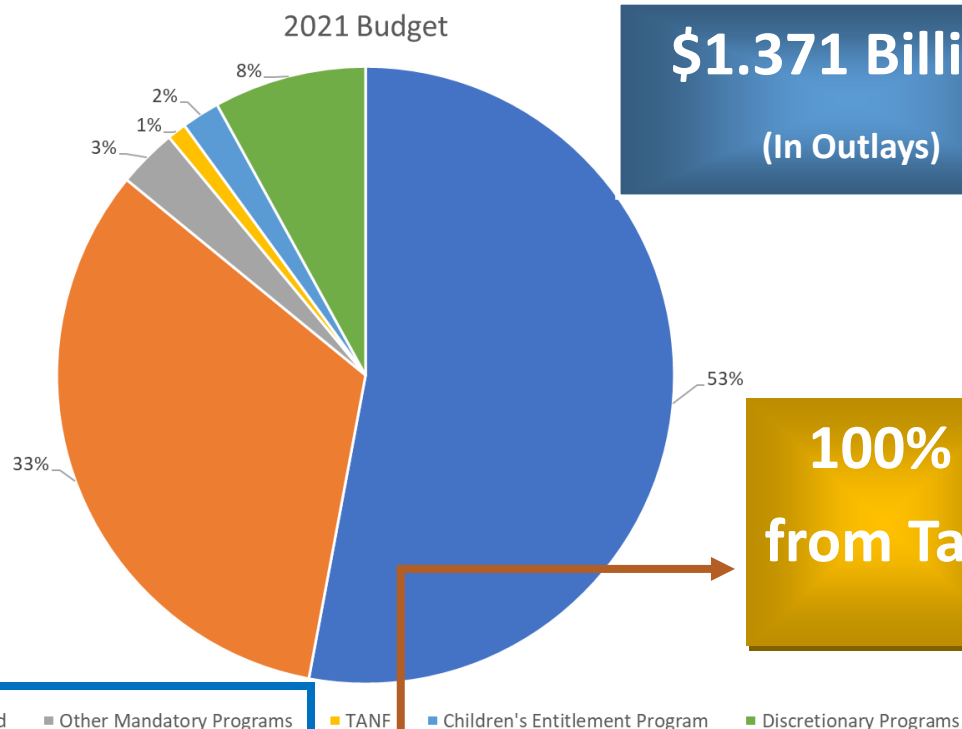
US Healthcare in Reform

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

US DHHS Health Care Budget 2021

\$1.371 Billion

(In Outlays)



**Over
90%
goes to
States**

**100%
from Tax**

US Private Health Care Cost 2021

**Health Care
Insurance Premiums**

**Health Care
Insurance
Paycheck Deductions**

\$500 Billion

**Out of
Pocket**

\$0.5 B

The People

\$0.5 B

**Patient
Co-Pay**

Source: <https://www.hhs.gov/site/default/files/fy-2021-budget-in-brief.pdf>



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 Health Care in Reform

US Response to COVID-19:.....Where we are.

US COVID-19 Health Care Expenditure 2020

0.2% Gross Domestic Product –GDP, 2020

1st in the worldwith \$127.21 per Capita/Person

Healthcare Spending

1st

\$0.0082 Trillion (0.11%)

COVID-19 Health, Care and Economic Cost the
US Federal Government \$4.5 Trillion

US FEDERAL RESPONSE TO COVID-19

Phase 1: H.R. 6074 Coronavirus
Preparedness and Response
Supplemental Appropriations Act
0.11%

Phase 2: H.R. 6201 Families
First Coronavirus Response Act
0.26%

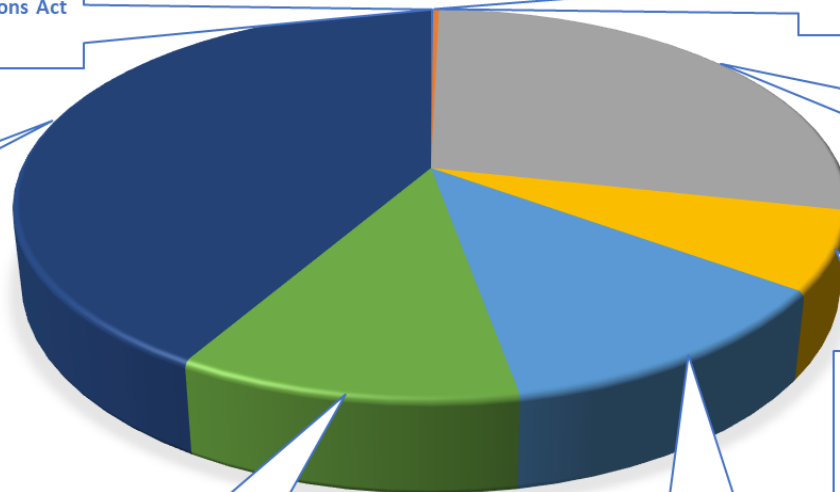
Phase 3: H.R. 748 CARES Act -
(Corona virus Aid Relief and
Economic Security Act)
28%

Phase 3.5: H.R. 266 Paycheck
Protection Program and
Health Care Enhancement
Act
7%

Tax Relief (2-Year Estimate)
12%

Utilized Lending
11%

Available Lending
42%



Source: <https://data.worldbank.org/indicator/>; <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet>



US Healthcare in Reform

The Plan: **Expected**

US spends about \$12,530 **per capita** on healthcare each year, amounting to 19.7% of the US 2020 GDP. This includes private and government spending. In 2020, due to the pandemic, US spent a total of \$127.21 **per capita** on individuals due to COVID-19 only.

US Response to COVID-19

The US Healthcare spending for 2020 only rose by 9.7% (from 3.7 trillion to 4.1 trillion). About 7.8% of the growth in **National Healthcare Expenditure** was attributed to COVID-19 spending. US spent \$127.21 per capita COVID-19 spending in 2020 on individuals. A total of 0.2% of US Gross Domestic Product - GDP was spent on COVID-19 in 2020, one of the highest in the world.

The Diseconomy created by COVID-19 has not changed the annual Healthcare Expenditure calculations. The US response to COVID-19 has spent 0.3% of the response funds on health care including testing and vaccinations and obligated 99.7% of the funds to economic stimulus. A total of four trillion is currently obligated as COVID-19 response spending.

Ninety seven percent (97%) of the \$2.59 trillion in COVID-19 funding was appropriated to four agen-

**The
Health & Care
of the
People
cannot be
Separated
from the
Economy
of the
People**

cies: Department of Treasury, Department of Health & Human Services, Department of Labor, and the Small Business Administration (SBA). Of those funds, roughly half, or \$1.27 trillion, were allocated to fund loan and loan guarantee programs. These funds could be used to generate an estimated \$3.92 trillion in loans and loan guarantees to businesses and individuals. This includes loans which will be disbursed directly by the government, like the SBA's Economic Injury Disaster Loan (EIDL) Program. It also includes funds for loan guarantee programs, such as the SBA's Paycheck Protection Program (PPP), which are disbursed by partner financial institutions.

The Plan: **Expected**

Investment during a Healthcare Diseconomy is meant to be in healthcare. Where the Healthcare System is set back on its Foundation and Prevention becomes the Healthcare Economics we are eventually quantifying as healthy labor workforce amounting to profit and value.

**Healthy People = Healthy National
Economy**

**4.0 Trillion = 4.0 Trillion
Healthcare 50% of Reform Spending
Funds = Economic Recovery 50% of
Reform Spending Funds**



US Healthcare in Reform

The Plan: **Expected**

The Federal government and the State still have overseeing duties on prevention, about 2% of the allocated healthcare funding, while the Hospitals and Healthcare Business/Market, including Healthcare insurance will have the bulk of the Treatment funds negotiated by the communities and overseen by the state.

Funding for Healthcare Reform is estimated at 4 trillion, so is the Economic Recovery, a balanced equation and a coin worthy of its value. Annual Healthcare funding to keep the American People Healthy within their Communities remains the same at 4 trillion. The only change is the allocations will go directly to the communities to fund the reform and re-build. When Community Health Centers and their Public Health Prevention Programs are fully funded, cost savings will remain in the communities and is estimated at plus or minus $\pm 38\%$ of the allocated funding per year. This can fund more prevention programs or create jobs, giving Power to the people to be in good health and prosper, within their communities, creating value and wealth. In 2020 US spent 4.1 Trillion on healthcare. About 1.5 Trillion is spent by the US government and the American people spent about 2.6 Trillion out of pocket, in co-pay, premium, hospital bills and private health insurance.

A:

All or None

B:

**Boot the
Current System**

C:

**Focus on
Building the
Communities**

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

A: All or None

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

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 -Costing \$4 Trillion per year.

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.

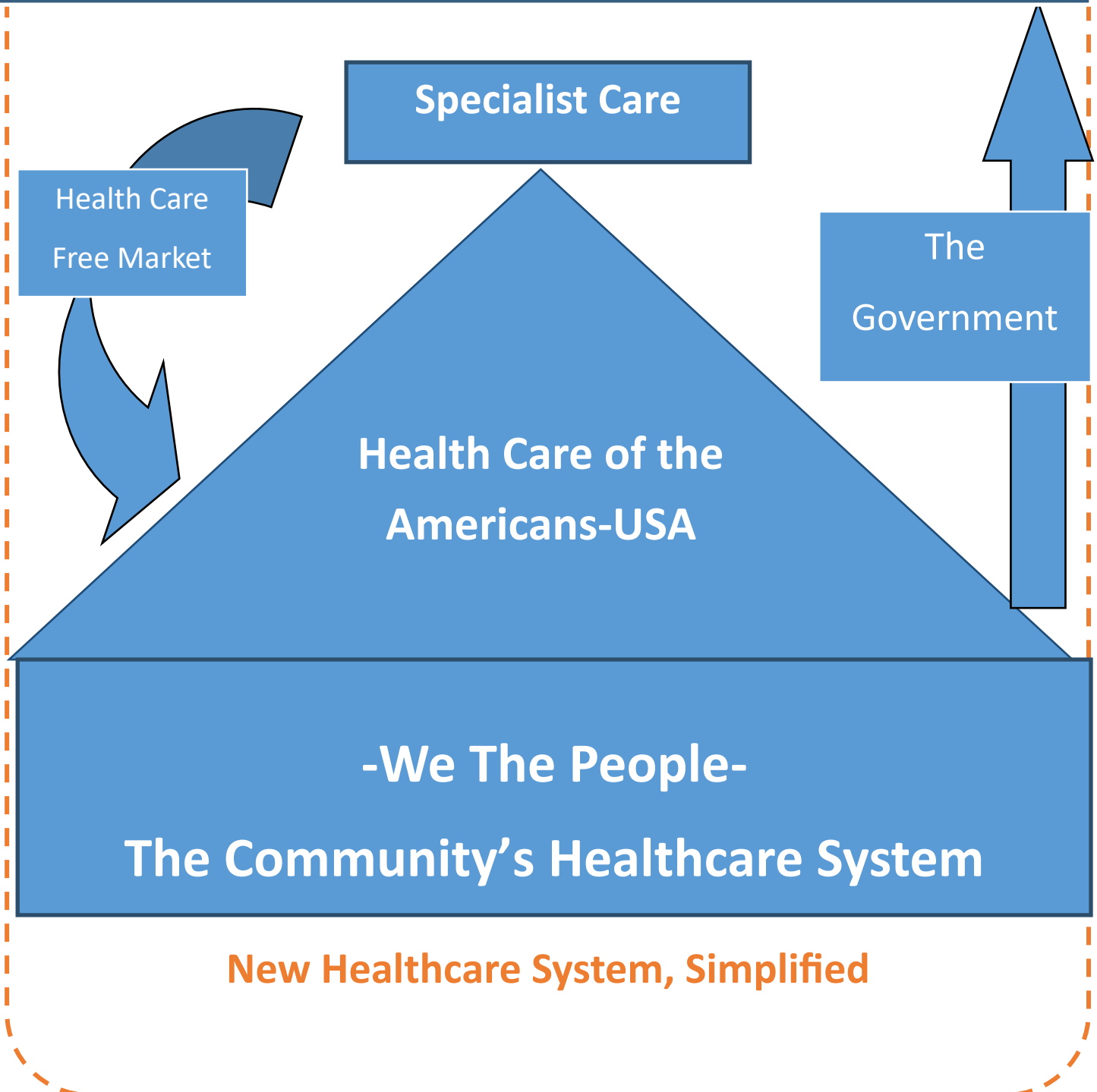
The current US Healthcare System is based on a 93-year-old concept, and it is obsolete. The structures, systems and strategies for this system were developed after World War I and the



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 Health Care in Reform

Where we should be.....Funds

US Healthcare Reform = US Economic Reform

\$4 Trillion = \$4 Trillion





US Health Care in Reform

Where we should be.....

Community Based Free Market, Price & Policy

Federal Government Regulatory Body

State Government Overseeing Body

Community Based

Health Care

Free Market

Community Based

Health Care

Free Market

Community Based

Health Care

Free

Market

Community Based

Health Care

Free

Market

We The People

Community Based

Small Businesses....Creating Jobs

Community Based

Small Businesses....Creating Jobs

Community Based

Small Businesses....Creating Jobs



US Healthcare in Reform

The Plan: **Expected**

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 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 mind the

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

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

Health Economics = Prevention = Community Based Public Health Systems - The Healthcare Foundation.

The Public Health Spending Model

Dividing Healthcare Control and Drive functions into what the people should have power over and what the government should oversee, one can understand what is expected of these functions versus what is observed and how these functions affect Prevention Categories, Intervention Strategies, and the Community Health Status Model Thermostat.

Keeping in mind Prevention Categories, Intervention Strategies, and the Prevention versus Treatment costing in Community Health Status Model Thermostat, one can estimate not only the Pandemic event cost, but the cost of Healthcare in US. Assuming all federal agency strategic interventions are divided into Prevention versus Treatment and costing is determined, is US healthcare cost more inclined towards prevention or treatment?



US Healthcare in Reform

The Pandemic: **Observed**

The current Healthcare Model is a business model, and prevention does not make business sense when one is spending so much on treatment, one is bound to spend less on prevention. US has one of the highest costs of healthcare in the world, because Treatment is more costly than Prevention. Hospitals are now the foundation of the Healthcare System in US, not Community Health Centers and their Public Health Programs, and the Model followed is constantly inclined towards Treatment.

In order to correct this, each community must turn its Community Health Status Model Thermostat on and see where they are inclined towards, Prevention or Treatment. The Prevention versus Treatment costing must be determined and the Functions of Healthcare System explored. Power should be given to the people to run their healthcare system, bidding for the health of their communities, **for the power be in good health and to prosper lies with the American People, living within their communities.**

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

Functions of Healthcare System

The People are in Control/Drive Healthcare:

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

The Government Oversee Healthcare:

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

The Pandemic: Observed

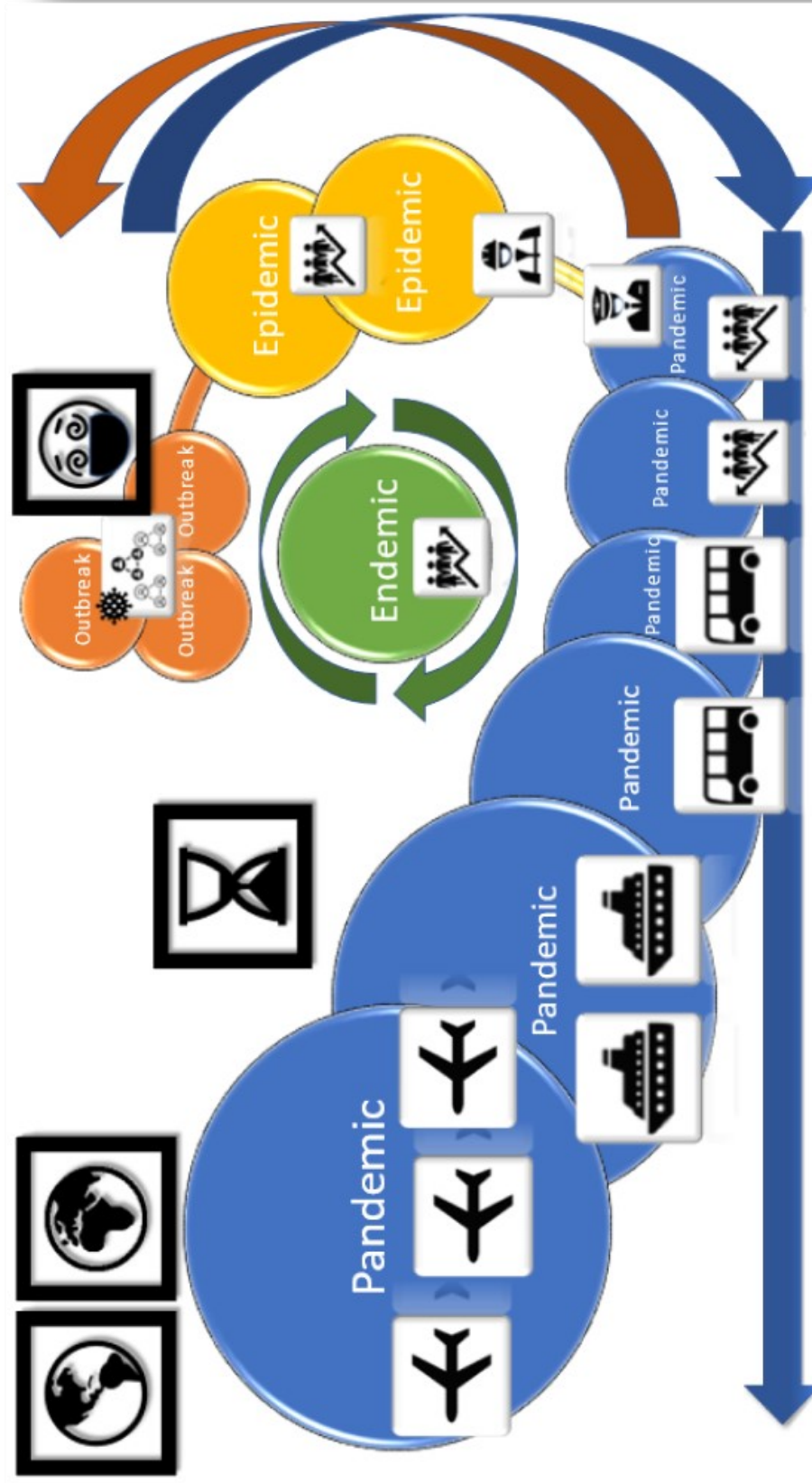
In May 2021 US opened COVID-19 vaccination to 12-year-old and above. The US lockdown ended in July 2021 and a post lockdown lift surge began. Hospitalizations began to rise among unvaccinated, including ineligible children reaching a first-time peak of over 3 children per 100,000 population. However, 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. Omicron became a new COVID-19 strain/variant of concern in November 2021 and within less than one month of being identified, became the dominant strain/variant of COVID-19 in the world. In December 2021, right after the Thanksgiving Holiday, US COVID-19 surge began, and the dominant strain/variant spreading was Omicron.



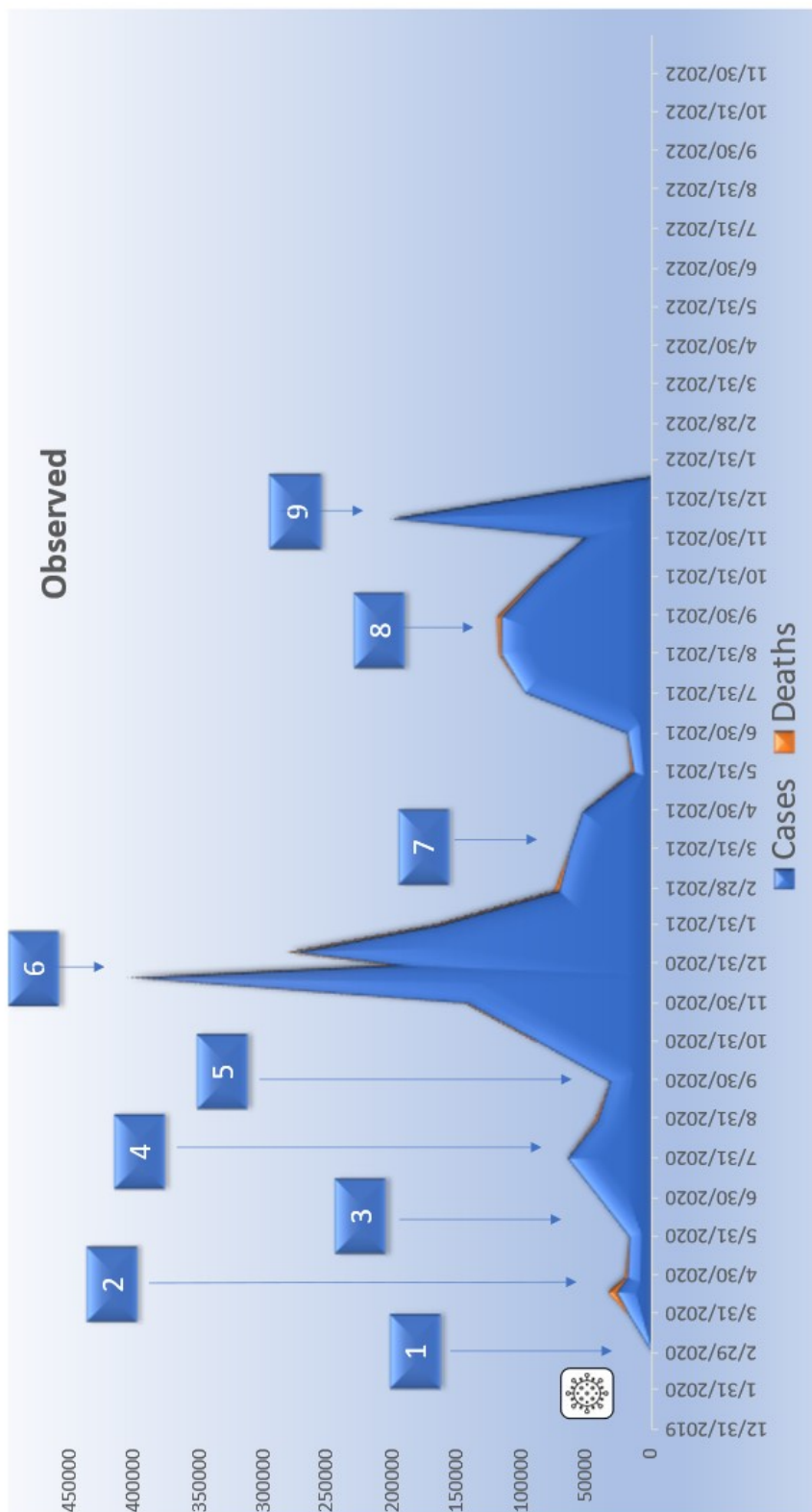
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The Corona Virus Pandemic, 2020/2021: **Observed**



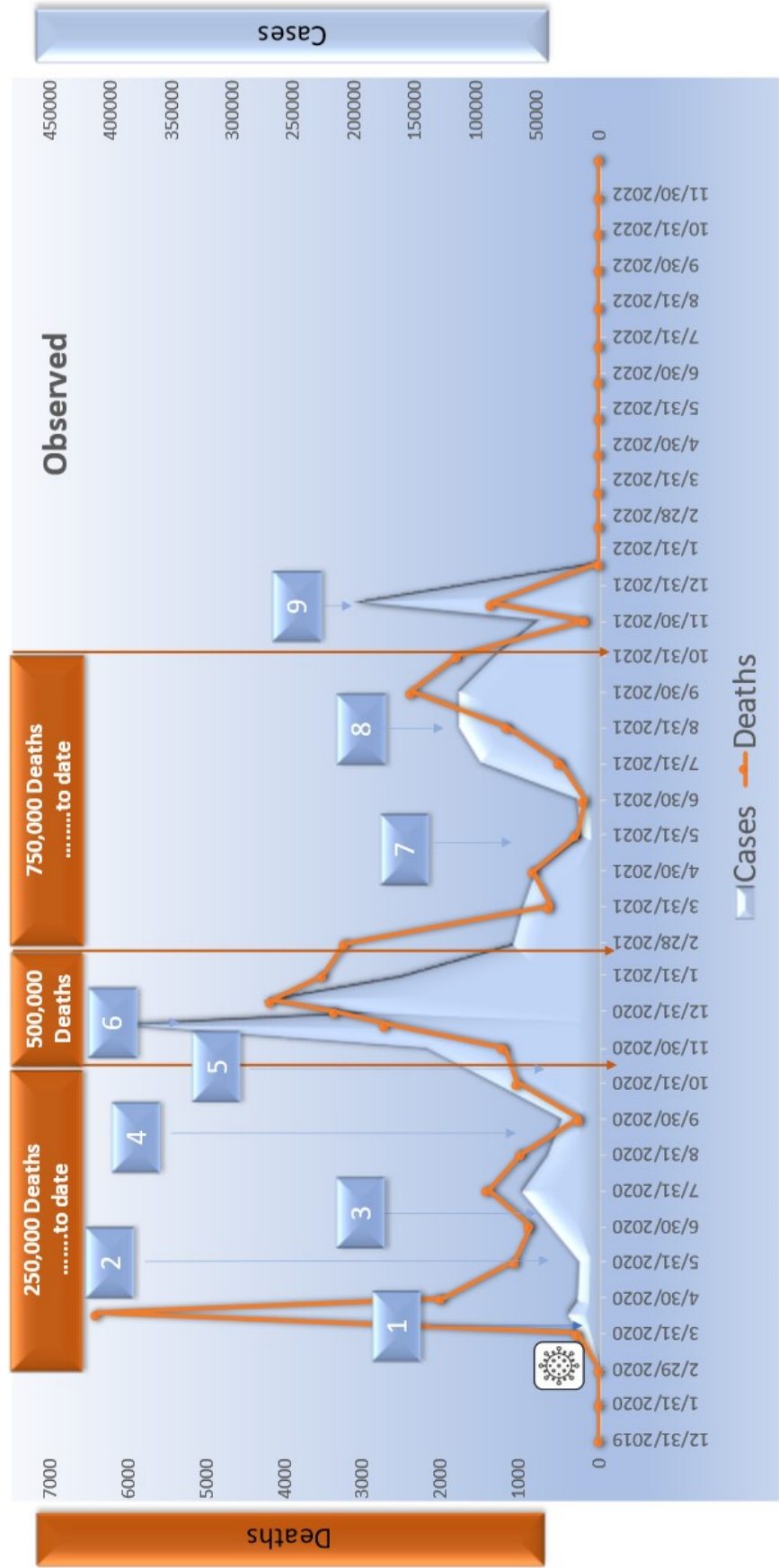
US Healthcare in Reform

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



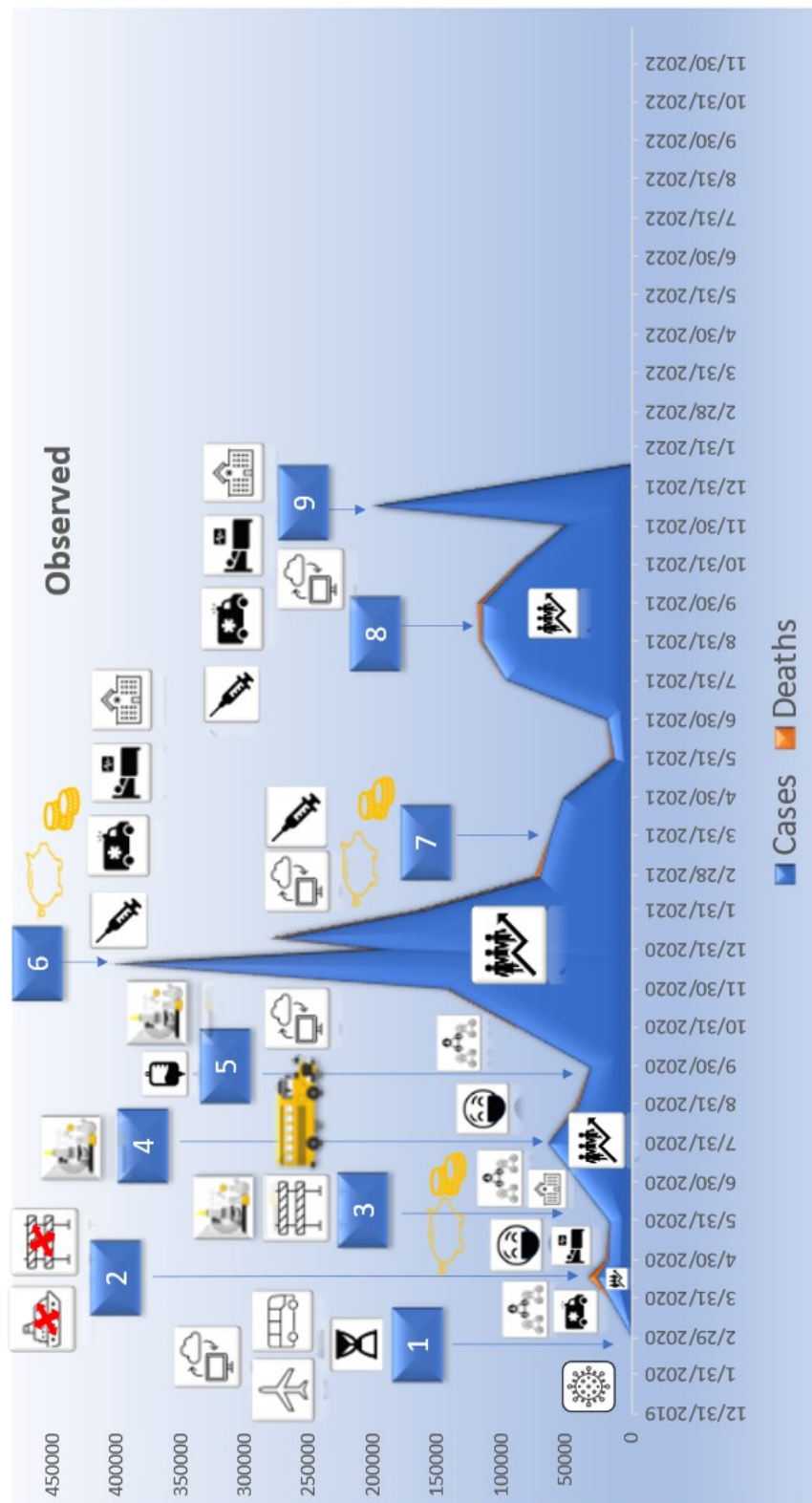
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The Pandemic: Observed COVID-19 Cases & Deaths 2020-2021-2022







US Healthcare in Reform

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



US Healthcare in Reform

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

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

US Healthcare in Reform

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

Observed #	Observed Activities
July 2020 	Same as above in 3 <ul style="list-style-type: none"> • Summer Camps for School Age Children are Open and Monitored • Vaccine Clinical Trials Phase 2 and Phase 3 begins.....
September 2020 	Same as above in 3 <ul style="list-style-type: none"> • Schools are Encouraged to Reopen and are Monitored by School Nurses and the Department of Education Teams • Vaccine Clinical Trials Phase 2 and Phase 3 continues.....
December 2020 	Same as above in 3 <ul style="list-style-type: none"> • Emergency Treatment Authorizations for Vaccines • Vaccine Clinical Trials Phase 4 begins with Selective Immunizations • All Hazards, Disaster Protocols for Immunization and Economic Stimulus
April 2021 	Same as above in 3 <ul style="list-style-type: none"> • Emergency Treatment Authorizations for Vaccines continues..... • COVID-19 Vaccine Clinical Trials Phase 4 begins with Immunization for All 16 years and above -<i>adults and young adults</i> • All Hazards, Disaster Protocols for Immunization and Economic Stimulus continues.....
September 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) • US COVID-19 Deaths Reduce by 38.4%; to 61.6% of Peak (January 2021 vs September 2021) • US has Fully Vaccinated 55.5% of Population (September 2021) • COVID-19 Vaccine Booster after Primary Series Offered (September 2021)
December 7, 2021 	<ul style="list-style-type: none"> • COVID-19 Vaccine for 5 years and above (October 2021) • US Opens Border to the World (November 2021) • Beta and Delta Strains/Variants Overtaken by Omicron COVID-19 Strain/Variant Spread Across World Borders Within less than ONE Month (November/December 2021) • US COVID-19 Surge begins..... • All Hazards, Disaster Protocols for Immunization and Economic Stimulus continues.....

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

The Pandemic: **Expected**

The Pandemic: Expected

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%.

**Power
to the
People**

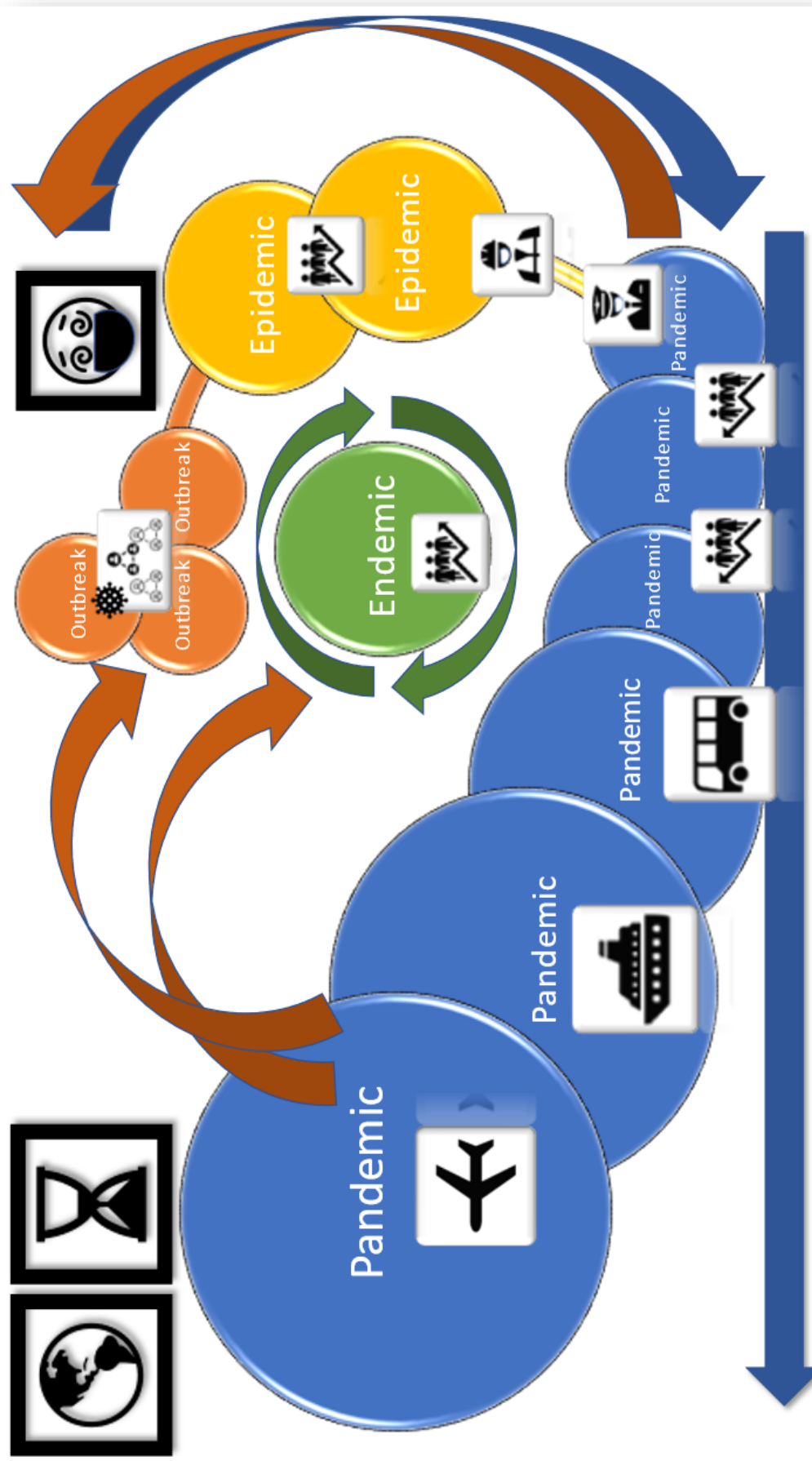
By December 2021, boosters are offered to at risk population, medical staff and first responders only. Vira strains/variants are tracked all over the world. The world meets on lessons learnt, "COVID-19 After Action" report review and plans begin.

Global healthcare reform comes to light after 75 to 93 years of [the last Global Healthcare Reform between 1929 to 1950](#) right after the [1918 Spanish Flu, World War I, World War II and the Great Depression, which occurred about 10 years after the Spanish Flu \(1918\) in 1929.](#)

**Health & Care
Reform
is
Now!**

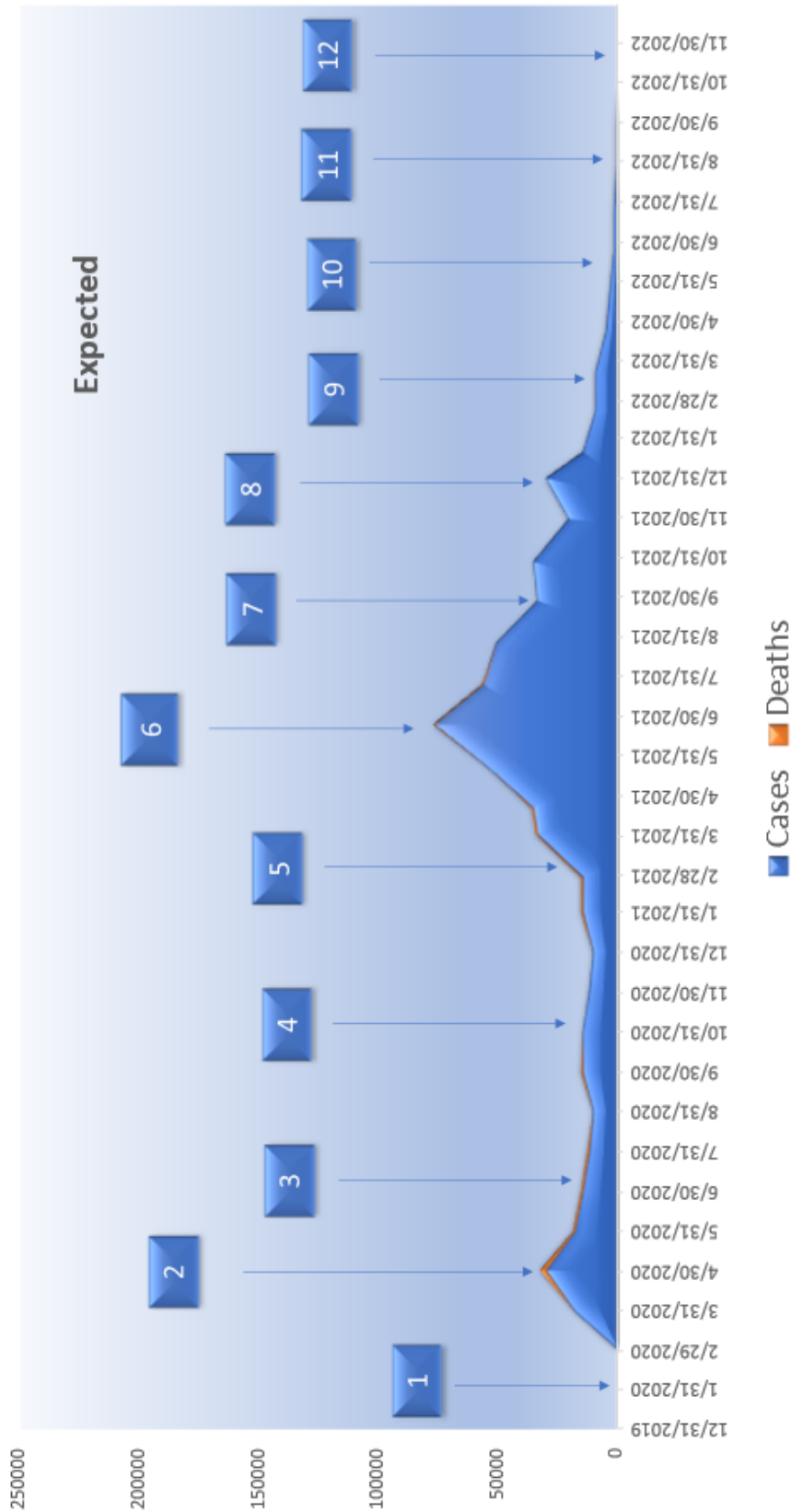
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The Corona Virus Pandemic, 2020: **Expected**



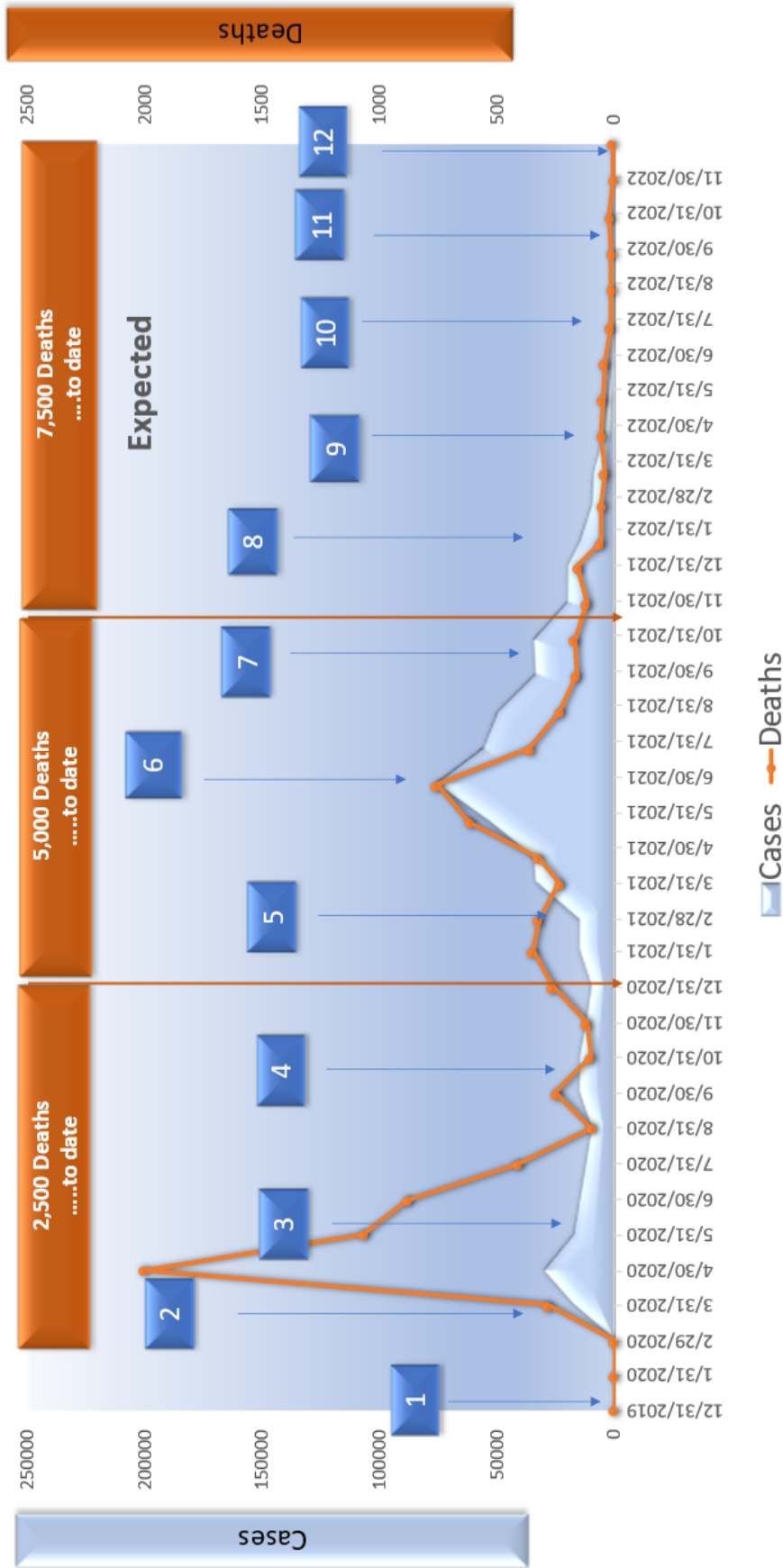
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The Pandemic: Expected COVID-19 Cases & Deaths 2020-2021-2022



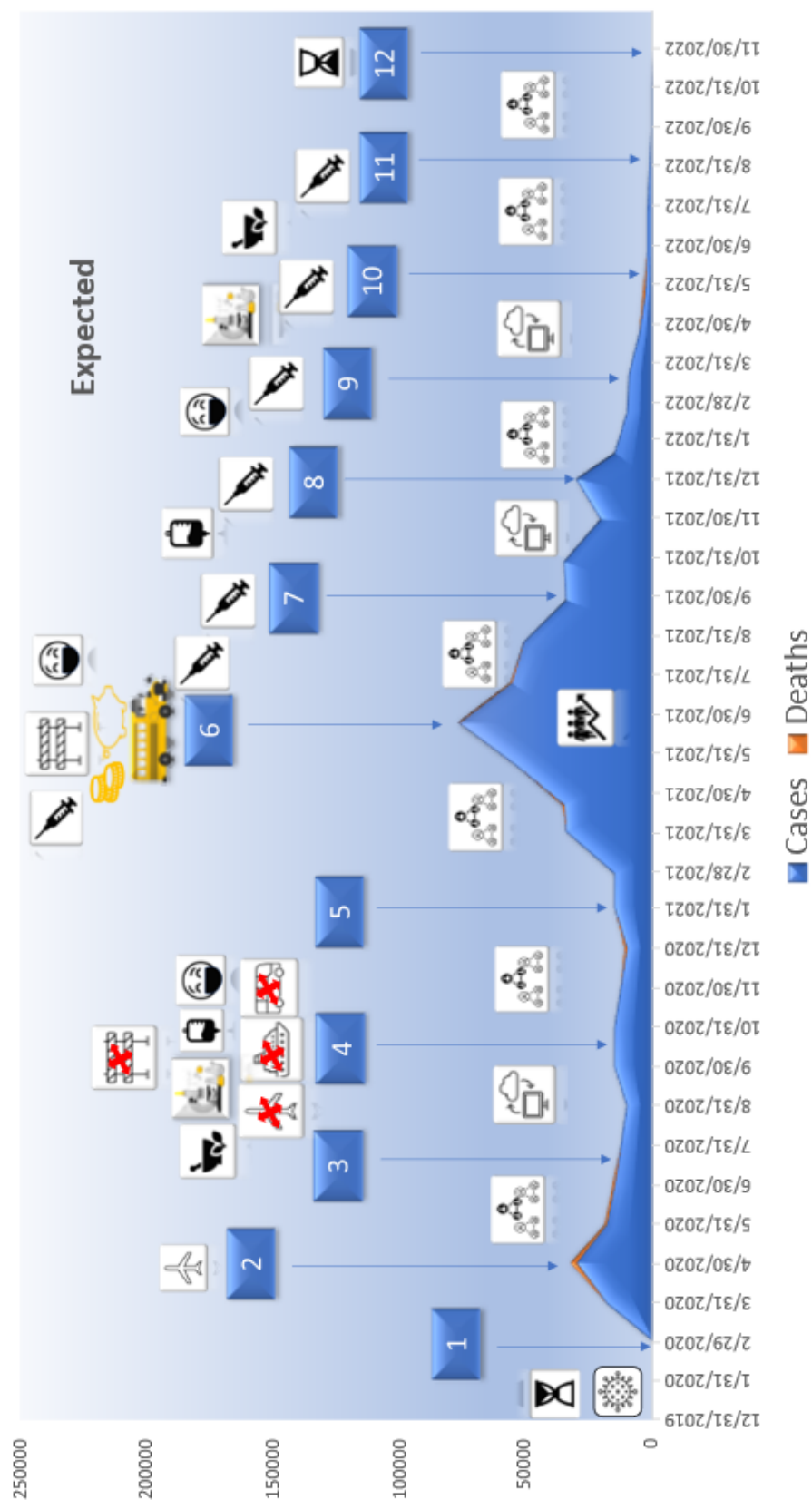
US Healthcare in Reform

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



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



US Healthcare in Reform

References	Source
Central Intelligence Agency –CIA	https://www.cia.gov/the-world-factbook/countries/united-states
US Department of Health and Human Services –HHS	https://www.hhs.gov/about/budget/index.html https://www.hhs.gov/sites/default/files/fy-2021-budget-in-brief.pdf
US Department of Treasury	https://home.treasury.gov/
Centers for Medicare and Medicaid Services –CMS	https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet
Centers for Medicare and Medicaid Services –CMS	Historical CMS
Centers for Medicare and Medicaid Services –CMS	NHE Fact Sheet CMS
World Health Organization –WHO	https://www.who.int
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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