

----- Original Message -----

<b>Subject:</b> REQUEST - I am hoping that you can find the time to answer my questions ( by REPLY email) :: National Health Program
<b>Date:</b> 2017-07-05 19:58
<b>From:</b> - Susan Marie Cassady Neuhart
<b>To:</b> <a href="mailto:info@pnhp.org">info@pnhp.org</a>
<b>Reply-To:</b> USE CONTACT form -on Susan's personal web site <a href="http://www.hansandcassady.org/">http://www.hansandcassady.org/</a>

[info@pnhp.org](mailto:info@pnhp.org)

<https://www.healthgrades.com/physician/dr-david-himmelstein-ypmng>

<https://www.healthgrades.com/physician/dr-stephanie-woolhandler-264r3>

DATE: 7-5-2017

**Dear USA Medical Doctors Himmelstein (David) and Woolhandler (Steffie),**  
my name is Susan Marie [Cassady]- Neuhart.

I have no doubt that you have never heard of me (before this message) – however, I am contacting you to ask a few questions [that are still very pertinent – in this year 2017]. My questions are related to a document that you “Co-chaired” the authoring of ( in 1989). That document was titled “**A National Health Program for the United States: A Physicians' Proposal**” – and, I retrieved it from your web site: ( <http://www.pnhp.org> ). I am hoping that you can find the time to answer my questions ( by Reply email).

**My purpose** in asking these questions (about your document) – published in 1989, is because: 1) I am retired (today) and, I have the time; 2) I wish to help my fellow human beings [as I am able to] – that is, I am disabled from a stroke; 3) Moreover, some (few) USA politicians – and, their staffs – seem to ( at this time ) have *the same vision* that you had ( in 1989); 4) I am uniquely qualified (it seems) and, may be of some small assistance – in helping the American public (that votes) – and, professional politicians & commentators come to an understanding of the issues - surrounding your work (in 1989 & now) – and, 6) I can ( I believe) assist in designing and documenting a system [ through moderated discussions of WWW

posted drafts of "ideas" ] that will advance America toward a “single-payer” National Health Care system. The facts that I am: 1) educated – in the sciences; 2) experienced in software design, engineering – and, writing (for very technical audiences; AND, 3) that I can create web site pages – to post drafts for discussion and comment – I hope you will find interesting. Moreover, I believe, that today’s internet technology – and, the judicious use of it – can help us greatly. You did not have this technology [ in its present mature form] available (to you) in 1989.

**Finally, there is no charge – for my efforts.** Nor, do I anticipate there ever will be. I am very grateful for the gifts that I have received – I want to give back. Excellent USA surgeons and medical doctors - and, my family - have made my life worth living.

**Now, to my questions:** On my web site: ( <http://www.hansandcassady.org> ), I have posted your original document ( from 1989) –[ as a 13 page PDF file ] and, (also) my edited (with *in-situ* questions) version: [http://www.hansandcassady.org/Proposal-1989\\_pNHP-edited\\_PDF7-4-2017.pdf](http://www.hansandcassady.org/Proposal-1989_pNHP-edited_PDF7-4-2017.pdf)

To list my questions – they are the following:

1. Page 5 of 35 (in edited draft) Why did you refer (in 1989) to the USA HealthCare System as the “world's richest health care system” ? In what sense did you mean “richest” – in your statement?
2. Page 5 of 35 (in edited draft) [ What is meant by this? – How are the 435+ Authors & endorsers of this document “disparate”?]
3. Page 5 of 35 (in edited draft) Did you “spark debate” (AND) “transform disaffection”...by your effort ( in 1989)? I am looking for specific references – re: the results of your 1989 effort.
4. Page 5 of 35 (in edited draft) “...curtailing bureaucracy and *fostering health planning*.” [this needs to be defined] As you will see, typically, my questions and comments are [bracketed]. This entry represents an example of what I did see – when, I first encountered your document. **In fact, what I see suggested (in your document) are “more bureaucracies” (see my questions 7 & 15) and few [ no ] citations to examples of “health planning” systems – that you feel will work.** Please cite some “health planning systems”...
5. Page 5 of 35 (in edited draft) [ *What are the “unique circumstances of the United States”?*] - visa-viz your comparison to Canada?

6. Page 6 of 35 (in edited draft) [“ tested” where? “tested” for how long?] I disagree ( strongly) with your “suggestion”. And, why did you make this “suggestion”? In fact, you title your paper – and, thus prepare the reader to entertain a **National Health Plan** – yet, you limit the scope to “test” venues – in areas. Why?
7. Page 8 of 35 (in edited draft) [ How will these “Boards of experts and community representatives” be populated? By election? Or...?]
8. Page 8 of 35 (in edited draft) [ **Note:** A very early idea – that I authored - on my web site - [ related to HR 676] and its opponents (and, pro-ponents – proposed that “ it should be made illegal to sell “medical health insurance’ (at all) in the United States. Thus, I want – to know – IF, the Authors of this proposal know - **Is it currently legal to attempt to sell “medical insurance” to persons who are “citizens” of Canada?** Obviously, if all the citizens of a country are covered (for their medical needs) – by a “National Health Insurance” program – then, the existence of a business-model – that sells “un-needed” medical insurance coverage – would generate counter-productive and even harmful information – for that business’s “target” audience. On the other hand, there are “Freedom Of Speech” and USA First Amendment considerations to be considered – and, that (same) USA Constitutional Right’s limitations. For example, in the USA, a person is not permitted to stand up in a crowded theatre venue and shot “fire”.] Please understand, that I am aware that Canada strictly enforces laws – that make it “required” that any health services – cited “for marketing or educational purposes” must make it clear that the “health services” referred to are provided by the Canadian National Health Service. These laws may accomplish the same end – however, they seem obtuse.
9. Page 9 of 35 (in edited draft) [More detail is needed here to explain “HOW” a “single comprehensive program” would “minimize the complexity and expense of billing and administration.” As a reader and researcher (of your good proposal effort). I do NOT doubt the statement ‘could’ be true; however, to support politicians – who must argue FOR – a **National Health Care** program... These politicians will need data, details – and examples.]
10. Page 9 of 35 (in edited draft) “The public administration of insurance funds would save tens of billions of dollars each year. The more than 1500 private health insurers in the United States now consume about 8 percent of revenues for overhead ...” [citation needed – How do the Authors know this to be a fact?]; whereas, both the Medicare program and the Canadian national health program have overhead costs of only 2 to 3 percent. [**citation needed** – How do the Authors know this to be a fact?]; ...”

11. Page 9 of 35 (in edited draft) [I think that this “reference number” is what is meant by your current notation – however, this should be made clear. Perhaps, a “global notion” related to citation method would suffice?] In fact, the Authors reference 27 documents. Yet, only a small portion ( of these 27 documents) are cited - ever – in the Author’s document. This is also improper form – for engineering & science documents. Please explain, Why do you cite more documents – than the paper references?
12. Page 9 of 35(in edited draft) “Eliminating insurance programs that duplicated the national health program coverage, though politically thorny, would clearly be within the prerogative of the Congress.” ( Reference 2?) [ See my previous note. Specifically, **If the Authors are proposing that USA law be made – that eliminates the sale of Medical insurance coverage [ to USA citizens – then, please state so AND clarify. 2 “Failure to do so would require the continuation of the costly bureaucracy necessary to administer and deal with such programs.” [citation needed. “Failure to do WHAT? Please clarify – exactly, WHAT do the Authors – of this proposal - want the USA “Congress” to do?]**
13. Page 10 of 35 (in edited draft) In the United States, in contrast, increasing copayments and deductibles have failed to slow the escalation of costs. [**citation needed** – If this is a scientific fact – or, reported by a credible source – please cite. ]
14. Page 10 of 35 (in edited draft) [Without citation, this appears to be the “ emotional opinion” of the Authors. In fact, I support the sentiments (indicated) and have some – albeit “small” - knowledge of heuristics systems and artificial intelligence systems software. See PDF for hyperlinks. Thus, I do know that your suggestion is valid – however, citation is still needed.] If needed, see Susan’s resume’ of her education and experience – available on her personal web site: <http://www.hansandcassady.org/> (chart one – top left corner)
15. Page 11 of 35 (in edited draft) [ *How would this “state national health program payment board” be populated? ]*
16. Page 11 of 35 (in edited draft “[Global prospective budgeting](#)” would simplify hospital administration and virtually eliminate billing, thus freeing up substantial resources for increased clinical care.’ **I did take the initiative to find a document – that describes “Global prospective budgeting” [ <http://www.who.int/management/facility/hospital/Hospital%20Global%20Bugeting.pdf> ] Please specify if you would like another source cited – for *reference and description***

17. Page 11 of 35 (in edited draft [ *Whoa! This makes no sense to this reader & researcher – at all. At a minimum, it requires clarifications...*] **As stated previously.** [ see question number 6 - previously])
18. Page 12 of 35 (in edited draft [ Citation needed. The Authors are expressing opinion – no doubt based upon their experience; however, detailing the Author’s personal experience – could result in indictment – of themselves – or, their associates – if illegal behavior – has been observed – but not reported – as the basis of this opinion. That is “inflating revenues” & “limiting care” is hypothetically illegal.]
19. Page 12 of 35 (in edited draft It [ “ separate appropriation of funds explicitly designated for capital expenditures”] shifts the focus of hospital administration away from the bottom line and toward the provision of optimal clinical services. [Explicit citation needed.] The Authors state “It” – do the Authors mean “separate appropriation of funds explicitly designated for capital expenditures”
20. Page 13 of 35 (in edited draft [ citation needed. Who is anticipated to need to be “minimized”? AND, who is anticipated to be disrupted? -by changes to existing patterns of care? Care providers? – OR, patients?])
21. Page 14 of 35 (in edited draft [ The Author’s experience with medical service providers who “accept financial incentives” ... “based on the HMO's financial performance” is no doubt real and varied – however (as previously stated) the Author’s failure to report this *criminal* behavior is problematic.]
22. Page 15 of 35 (in edited draft [ This reader & researcher does not understand. In fact, does not the [Hippocratic oath](#) – and observance of it – already “minimize... entrepreneurial incentives”. What are the Consequences violation of the Hippocratic oath.? Or, is the Hippocratic Oath little more than a relic and proforma ritual?])
23. Page 15 of 35 (in edited draft [Restate: A National Health Insurance program would encourage preventive care. If this is what you believe?])
24. Page 15 of 35 (in edited draft [ In fact, many [Canadian Physicians went “on strike”](#) – as I recall. ] Again, I did propose – at one point – that Federal law be created – that USA Medically Licensed doctors can NOT (by USA law) go “on strike”. Please state your opinion related to USA Physicians ability to organize – and “strike” – and, the penalties (if any ) they should face.
25. Page 16 of 35 (in edited draft In fact, there are literally thousands of “foreign educated Medical Doctors” being under-utilized – in the USA (today) related to “road blocks” erected ONLY to prevent them from

practicing medicine in the USA. My web site is being updated with this information – as I create this message for the Authors (this day). Please state your position on “foreign educated Medical Doctors” – and, HOW their entry into American mainstream medicine could be improved – streamlined & hastened.

<http://www.amednews.com/article/20110725/profession/307259952/2/> <http://www.nytimes.com/2013/08/12/business/economy/long-slog-for-foreign-doctors-to-practice-in-us.html> :: Foreign-trained health professionals YES can practice in U.S.A.

:: <http://www.ecfmg.org/> :: <http://www.ecfmg.org/about/index.html> :: Educational Commission for Foreign Medical Graduates

26. Page 17 of 35 (in edited draft [As previously stated, if the Authors – of this document - are in a position to help prove or document that any USA Medically Licensed Physician has “skimp[ed] on care” – it would be helpful to this researcher – and, the politicians she is trying to convince... Please offer this evidence – as you are able to – without self-incrimination.]
27. **NOTE: I stopped my “critical” review of your document at Page 17 of 35 (in my edited draft [ of your original document ] – that is posted to my web site: [http://www.hansandcassady.org/Proposal-1989\\_pNHP-edited\\_PDF7-4-2017.pdf](http://www.hansandcassady.org/Proposal-1989_pNHP-edited_PDF7-4-2017.pdf) IF the Authors (herein named and cited) do agree to answer my 27 questions (ask herein); then, I will continue my critical review and comment – for the Author’s further response.**

**That is, I want to establish a working relationship (first).**

**Respectfully – and, thank you for your efforts! - Susan**

[ end of message ]