An Open Letter to the U.S. Congress from Jack Simpson, an Independent Voter from Owensboro, KY.
The Subject is Health Insurance for the Here-To-Fore Uninsured Citizens of the United States.
Print the Letter POTENTIAL INSUREDS

Dear Congressmen & Congresswomen and Senators,

FOR SURE, we are not likely to purchase our health insurance this year or any year that we have left. It is too complicated and too expensive and we do not have an employer to take the rap. FOR SURE we are likely to need the services of a hospital many times in the coming years. FOR SURE when we are dismissed, we will discuss payment. FOR SURE we would like to pay, but we know the hospital will absorb the cost. FOR SURE, we and the hospital and the doctors have been playing this game for a long time, so please cut the crap and take Mr. Simpson's sugestion and create a system just for us as you did for the Veterans that will restore dignity and sensibility to the U.S. health care system.

POTENTIAL INSUREDS

FOREWORD

The U.S. Population now in 2012 is estimated to be 308 million persons. My best estimate is that 16% of this number may be classified as indigent or without income that will sustain themselves with today's cost of living index. This 16% equates to 49,280,000 persons of all ages, that will petition the 2013 Congress for not just health-care, but housing, food and security (see WallStreeters 2011). I just happen to have experience in providing the identical package of care in the State of Kentucky for many years.

Note: This 16% figure also includes those persons in pursuit of a higher education or training at a cost that precludes them from earning enough funds to purchase their own insurance. Not to worry, because they will soon graduate from this category and purchase their own insurance.

My thoughts on this subject began in 1994 with Hillary Clinton when we were not at war and have continued through the present dilemma under President Obama while we are at wars. In either case I find that my concept is far superior because it is far simpler, much less costly, constitutional and can be written double spaced on 6 sheets of typing paper.

FOUR ABSOLUTES THAT MUST BE MET FOR THIS PLAN TO WORK

1. The purpose is to insure the uninsurable 20% portion of our citizens only. No exceptions. This eliminates the 80% above the "poverty threshold" that will not be certified and not eligible.
2. The U.S. Military would have to share one of it's greatest treasures; which is The VETERANS ADMINISTRATION AND TRI-CARE INSURANCE NETWORK.
3. This must become a cabinet position and have the administration unit as secure from political contamination as possible.
4. A simple insurance policy for 49 million persons will not be enough. We need 410 new Medical-Opportunity Centers through-out the 50 states.

    A. Most physicians do not want to work in rural hospitals. This would not be a problem for the V.A.

    B. Most conventional hospitals have a huge debt service, this new system eliminates the source and picks up the service.

This is the obvious next step after Hillarycare and Obamacare and the 18 wasted years of time and money.

My family was not accustomed to health insurance, but was accustomed to paying for our medical treatment either by check or cash or a personal I.O.U. with Dr. John S. Oldham, who would also trade out some personal labor if that were a better solution. Therefore I had to readjust my thinking to be able to understand that there is now and there always will be a segment of society (16 to 20 percent) that must have financial assistance with their medical needs. Once I accepted this premise, then it was easy for me to recall when I was stationed at Fort Knox, Kentucky in 1958 and borrow from the U.S. Army's medical needs concept.

My Concept

I assume that we do want to provide health care for that 16% of the population that **absolutely** cannot afford coverage, but that is the limit of my assumption. NEVER SHOULD WE TRY AND SELL OR FORCE A SALE ON THE OTHER 84% OF OUR CITIZENS. Using a figure of 20%, I find the "need" will be spread between 50 million persons (children of course are included). I also assume that our country will not forever be at "WAR", and that our Veteran's programs would be adaptable and eager to share their expertise with other segments of our

society during peace-time. These two assumptions caused me to look and expand upon a good and proven system of care that has been tried and tested for many generations. This system of course, is the network of 153 Veteran's Medical Centers that are spread throughout the country. They offer the same result as their civilian counterparts with the exception of their limited clientele. If you accept this postulate, then my hypothesis takes over from here.

My Hypothesis

This belief originally was passed to me by Senator Wendell H. Ford of Kentucky and is definitely shared by me. "ANY FINAL LEGISLATIVE SOLUTION MUST BUILD ON THE SYSTEM WHICH WE ALREADY HAVE IN PLACE, AND NOT ATTEMPT TO REINVENT THE WHEEL."

My Formula

The new concept must have a new name because it has a new shared purpose. For this reason, I propose changing the name to VETERANS-OPPORTUNITY MEDICAL CENTERS.

The large states should have allocations of the new facilities for up to ten (10) new medical centers per state. The medium and small states would be planned accordingly. I have enclosed a map (below) with non-binding allocation proposals to assist with a visualization of what could be. For the cost estimates I have planned a total of 410 federally owned and operated VeteransOpportunity Medical Centers. I have enclosed a map with non-binding allocation proposals to assist with the visualization of how things could be placed to make access easier.

For cost estimates, I have planned on the construction of 257 new facilities. Each would have 125 beds and cost around $125,000,000. These 257 new campuses would cost out around $32,125,000,000.

We also have existing 153 facilities that I propose be evaluated for updating renovation. I would assign the cost of $62,500,000 to be available for each of our existing Medical Centers. This reserve amounts to $9,562,500,000.

A TOTAL PLANNED INVESTMENT OF $41,687,500,000

To equip and construct 410 new medical centers. The short term stimulus effect would be one that is very shovel-ready and visible i.e. construction crews in each state. The long term stimulus would be on completion of said facilities, and the staffing of 273 medical centers with returning veterans.

NOTE: I CANNOT THINK OF A BETTER AND MORE NEEDED SELF SERVING PROGRAM FOR THE STATES AND A BETTER WAY TO SPEND OUR TAX DOLLARS. I DOUBT IF THE WALL STREET OCCUPIERS WOULD OPPOSE THIS.

TIME TO BE PUT INTO PLACE

I would recommend that the planning and building and remodeling of these structures would be done by the Corp. of Engineers which should eliminate the typical "graft and pork." There should then be an appointment of the Cabinet Position and the clean-up of the present administration's programs, acquisition of property (all) from the GSA and the architectural plans and sepcifications prepared. There is this little problem with the wars and the returning troops, and the willingness of the V.A. to go along with this suggestion????? I do feel sure that any of the candidates that were recently running for President would love a program no one can object to.

STAFFING

These facilities could and should be staffed by Federal employees. This gives us, the taxpayer, the necessary controls for cost containment and also gives our military personnel a heads-up opportunity for additional Federal Employment and pension programs.

OPERATING EXPENSES

In the beginning the budgets to be underwritten by the Federal Government and the Department of Medicaid because most of the 20% is now on Medicaid and easily shifted if and when they spend time in the new Medical-Opportunity Centers. If after we have met our goals and if we are in a time of peace we could establish a co-payment system that would offset some of the cost. We would look at cost savings to each state after the reductions for this part of their welfare programs and the income taxes from the thousands of new employees are counted.

CRITERIA FOR ADMISSION

Any U.S. Citizen with a certifiable povery designation and/or dog-tags or wallet identification. Present Tri-Care policies and regulations in place.

RATING AND INSPECTIONS

I would suggest both Federal and State Inspection program be reviewed by the Cabinet Secretary's office for approval before adoption.

QUALITY REVIEW

This overview would be concerned with the non-medical aspects of each facility. They could easily be called the "Quality Control Commission" (QCC) and would be funded and supervised by each state with the codes uniform throughout the states. The results should be reported to each state's legislature for a review on a bi-annual basis.

CHALLENGE

The Secretary of the Cabinet for Veterans-Opportunity centers would monitor the cost of operations and after a two year trial period, while the kinks are being ironed out and the census predictable; he or she would offer a plan of cost sharing between the tax payers and the recipients of the care plans that are expected to be in use for the 3rd fiscal year. This challenge would then become annual and each of the administrators would be on a similar plane as their civilian counterparts. There would be built in benefits to sharing this information with business and medical schools and the society as a whole. If the administrators and the employees do a good job and bring down the cost of medical care under these controlled conditions, they could possibly share this "business model" with the rest of the world that has a military force.

Thank you,

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