

Keith McCallin PA-C
Health Care Reform Advocate
Sacramento, California

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An Open Letter: Fixing Health Care Is Not Just a Good idea

We are unrepresented and undefended against a health care system doing harm.

For coming on five years, I have been a full-time, all volunteer, nonpartisan health care reform advocate working at the local, state and national levels. Prior to that, a physician assistant in a family practice in Salinas, California where I first saw the extent to which the cost of health care - and the multi-payer financing of it all, creates ruin.¹ (Multi-payer = a bunch of insurers paying.)

Please allow me to share the following solid information gained from five years of Sacramento-based health care reform advocacy effort:

On the issue of health care, there is no health care debate happening, the election is irrelevant, and there is no health care reform coming.

This is true, and this is not new, or news, or controversial. This has been the case here in the US since the first decade of the 20th century. Way back then, we very much knew that lead was deadly, that we were damaging the climate, and that fixing the financing of health care was necessary (the financing = the insuring/paying for it all.)

Over the last five years, I have spoken to many, many thousands of Sacramentans and Californians living in the greater Sacramento region (by way of tabling farmers markets and gun shows, canvassing/out reach to neighborhoods of all colors and affluence, invited health care panelist, presenter at health care town halls, speaker at Indivisible meetings, broacher of health care convos with passer-byers). In doing so, I have found that there is a prevailing sentiment that presumes that, somewhere, there is a group of reasonables hammering out reasonable compromises on the way to fixing health care. And, we just need to give them the time and space to do what they do.

Nothing could be further and farther from the truth.

Here is the hard truth as I have learned it:

The powers that control health care lie outside the system of electoral politics.

Where this, too, is not new or news or controversial. It is just not common knowledge.

What it is, is knowledge kept uncommon because there is really no such thing as health care journalism. What there really is, is a thing called the health care narrative, and the health care narrative is very well controlled by a whole host of professionals (think cottage industry) who are exceedingly good at what they do. What they do best is keep us from appreciating how ruinous our multi-payer based health care system is.

Here is an historical perspective:

In the 20th century, the physician profession was the lone bully-gorilla keeping the financing of health care safe from reform. Today, there is no functioning profession of physicians, but only a collection of medical specialties (think competing silos), where the medical specialist called physician is actively being downgraded to the status of provider because that is good for bottom lines and medical industry grand and global plans. (Google, “don’t call me a provider.”)

Stated otherwise, the health care system that the American Medical Association built has now turned on, and is consuming, the professional called physician. (Word on the street is the AMA is surgeons protecting interests and turf. The AMA is surely a business protecting a coding product.)

“We have essentially destroyed primary care in the United States over the last 20 years.”

This quote was a response to a question about how our health care system-created opioid epidemic came to be (with its death toll approaching 500K).

Our multi-payer based health care system is not a system, it is powerfully disinterested in being a system, and it is not at all generally well functioning. (COVID makes this plain as a bright day.)

Our multi-payer/private health insurance based health care system is malignant. It is also very well represented and very well defended.

Big picture perspective:

On the issue of health care reform there are only two forces battling it out. There are those fighting to fix the financing of health care and there are those who say hell no to that. That’s it. And that has been it for coming on a century-and-a-quarter.

See our supermajority of California legislators carrying on the hell-no tradition: Many health care bills passed, no effort to fix the financing of health care happening, and all the while contributing to the health care narrative.

If I were a governor in a state with a citizenry starting to stand and demand health care be fixed, I would be on the phone to our Governor Newsom in a city-second for help and guidance.

Not for levity's sake I say: Governor Newsom would surely advise keeping union reps close, keeping a tight hand on the wheel that drives the health care narrative, and start a carnival of health care committees, commissions, conferences and symposia because theater is necessary to keep up appearances.

What our supermajority of California electeds have done is create the best-practice model for keeping the financing of health care safe from reform at the state level.

If we are not fixing the financing of health care, we are not fixing health care, and we are surely not fixing the financing of health care.

Please let me conclude with my award for “Best Conversation (email), By Far, With A Fellow Citizen In Five Years Of Health Care Reform Advocacy.”

The award goes to a Constitutional Conservative who is also a member of the State of Jefferson group, and so is also a fellow Northern Californian. I was championing single payer/SB562/MedicareForAll, so the conversation started with me getting barked at. Something about an aspirin being pushed through the slats of a shack in the gulag for my cancer. But then we got to talking, and he began to tell how he and his community, and his community of communities, handle their health care insurance needs.

How do Constitutional Conservatives (those working to walk their talk) keep the “parasitic private health insurance industry” out of their health care coverage and away from their health care concerns?

Big answer here: They establish a single payer mechanism for the financing of their home grown system.

It's true, Constitutional Conservatives and Socialists (neither of which am I, where I am only a nonpartisan health care reform advocate), and a whole lot of in-betweeners, are in agreement on the wisdom of a single payer financing mechanism (size of risk pool is everything) AND in hearty agreement that the private health insurance industry is “parasitic.”²

Like a bogus tollbooth. “*Private health insurance brings nothing to table [business or kitchen] but cost.*”

We are unrepresented and we are undefended, and it is so not good that we donate money to health care corporations/hospitals, that health care costs eat our children's education, that physicians are as misinformed and uninformed as the general public, that health care costs take

away our ability to “Shop 100% Locally,” that “SUTTER HEALTH PARK” glows ugly over West Sacramento

Respectfully submitted, and apologies for the word count.

Please know that I am able to reference the bejesus out of any of all this.

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1 - In addition to the routine ruining in Salinas, the local “non profit” “community” hospital was looted of millions from within. Disturbing it was to watch the Salinas power players, pols and pr campaigns run cover for the money grab. The bottom line of the state audit of the looted hospital declared no audit could be completed for lack of transparency. I had not known no-audit-conducted is considered an audit conducted.

2 - The Constitutional Conservative’s single payer system and the Socialist’s single payer system have precisely the same financing mechanism, but two very different risk pools/people as members. The insurance risk pool of one is built upon religion/values, the other upon a risk pool of all Americans citizens and residents. The size of the risk pool is everything.