Podcast Introduction and Guest Welcome

Welcome to the Doctors Making a Difference podcast, where we help physicians to be empowered with the tools they need to successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. Think about how much the United States healthcare system has changed in the last 50 years.

I've only been a physician for about 15 years and I have observed a lot of changes. The number of administrators versus the number clinicians, the amount of money that we spend relative to our gross domestic product and the system that all kind of work in and feel like it's broken and yet it seems like there's no easy answers.

It seems that every answer seems to want to spend more and more money and our insurance companies seem to make more. And they never seem suffer any loss but our patients and our hospital workers often find themselves overloaded because of increased burden.

And we live in kind of crazy times. I am excited today to interview Dr. Joseph Jarvis. I'm pleased to welcome Dr. Joseph Jarvis today. Dr Jarves comes with a lengthy list of experiences and publications and has done so much for the world of medicine.

Yes, thank you. And thanks for having me. My name is Joseph Jarvis. I practice public health medicine, mostly as a consulting physician in Salt Lake city, Utah, with clients from across the entire country from Guam to New York city.

Like to say I'm now semi-retired. I've trained at the University of Utah, originally in family medicine.

Dr. Jarvisu2019s Medical Background and Career Path

And I actually served in Salt Lake City on the northwest side of town in a community health center, federally qualified for several years before beginning my public health career, which has included stints of duty in the federal government at The Occupational Safety and Health Administration, and then in The Health Departments of the States of Nevada and Colorado.

When we moved back to Salt Lake City about 25 years ago, we did so for my wife's career and I left behind my institutional affiliation at the Colorado Department of Public Health and Environment and began just serving clients.

Mostly with environmental health problems, cancer clusters, indoor air quality issues, workers' compensation cases. And I've been doing that pretty steadily since then.

Although, as I mentioned, I'm reducing the load there because I am more and more interested in health system reform and I spending more of my professional time.

In an unpaid volunteer advocacy state, trying to help mostly here in Utah, although I've got friends across the country, I published books about this and recently, uh, 2023 released a movie that I produced about the problems in the American health system and a little bit about what we can do about it.

Yeah, well, you and I are both graduates of the University of Utah School of Medicine, so go Utes. That's a great thing we share. I think this is really interesting, because when I talk to most physicians, most people are, they're one thing.

Like they say, I have been a surgeon for my career, or I've been at primary care doctor. You've kind of done all these things. you've done a primary doctor, You work in public health, worked in a university system, published and

directed a film, done lots of different things, and so that journey alone is pretty Interesting.

You know, you've been able to stay engaged in medicine in a variety of ways for a lot of years. I'm just curious as we're going to get into kind of the content of some of this stuff that you have taught, but how did you find the motivation and the way to Stay engaged for lengthy career and such a varied career?

The underlying motivation for me in medicine has always been that I believe it's my calling. As a young man, even as a child, I was interested in what physicians were doing.

I observed it in as they treated me and as I treated members of my family. And I became interested in what that was all about. So I pursued it as an undergraduate.

I did not take a classical pre-med undergraduate degree, I was an English major, very interested, in literature and fiction, especially in writing, but maintained the coursework that's needed to sit for the MCAT and then eventually get into it.

medical school and it was kind of a toss-up. I had an opportunity to go to law school instead, but when a position was offered me at the University of Utah School of Medicine, I felt like that was the right thing for me to do.

And it's been that way ever since. The more I've gotten into medicine and the more it felt I could contribute, to the people around me, first as a primary care doctor looking at everything, delivering babies, caring for the babies afterwards.

I was the only doctor in Salt Lake County doing home visits for The Elderly for a while. Those were very, very enriching experiences for me. And I believed I doing God's work.

I'm not just earning a living and then found an interest in preventive medicine, public health, that I felt like I could then have an impact in a broader community.

So I began pursuing that career, which eventually morphed into a career in occupational and environmental medicine because that's a subset of public hell.

And I got invited onto the faculty of tertiary care center in Denver, the national Jewish center, which is a respiratory diseases hospital. And, I was doing occupational lung disease.

My patients came from all over the country with occupational asthma and black lung and just kind of led automatically into investigating outbreaks of occupational long disease, And eventually that became my career for some 20 years, serving as a consultant, every setting.

It felt like I was doing God's work. Like I. Where I needed to be to help people. And that was a blessing to me.

Early Signs of Profit-Driven Healthcare

Now, as I realized that there are so many people in our country who can't get the care they need, I've become persuaded that it is, again, it's a calling that I need to try to help people see what's wrong, that we can continue like this, and our nation will not.

economically survive. If we continue to have a growing percent of the gross domestic product devoted to healthcare, we have to actually change how we're doing healthcare business.

And that, that feels like the right thing for me to be doing at this kind of late stage in my life. I'm now not doing it so much for myself as I am for the succeeding generations.

It's not just the needs of patients who are getting the care that they need. It's the overall need of our society to come back together, to be healed as a society, which I think the divisions have occurred because we failed in

healthcare.

And, you know, one of the purposes of this podcast is try to leave medicine better than we found it. Mostly the audience are physicians. How do we have tools and resources that we need so that can be effective in our care?

And I want to just highlight this stuff you've said. When you speak about public health care reform, and about all these different things. You speak about it authoritatively.

Worked in primary care, you've worked in a specialty center, worked across the spectrum. And so another question that kind of may lead into some of the observations you had, You've also watched this over a prolonged career.

Before we hit record, we talked a little bit about how there was kind a shift where we sort of turned from caring for one another as society, as individuals, communities, congregations, and maybe turn a little bit more toward big systems that are profit driven.

I wanted to kind of pick your brain. What have you observed over your career? What are the changes you've seen, both good and bad, that have contributed to the problems that we're into today?

The most dark moment in my career where I saw something really sinister developing was when I shifted from my training home state of Utah where i now live, now this is many years ago, at the time primarily a non-profit hospital system.

or several systems of nonprofit hospitals to Nevada, where I became the state health official or state Health Officer. And I had a duty to regulate hospitals, nursing homes, and HMOs.

One of the stark things that I immediately noticed was it was far more expensive in Nevada to get care. We were expecting our fourth child when we arrived in And so we'd already had three babies, all three of them born in Utah.

And the cost for that pregnancy and the delivery was multiples above what it had been in. Uh, and that's despite the fact that when we first arrived and I was getting acquainted with the medical community, because I.

After all the public health officer in the state and needed to know the physicians one evening, I with, uh, pediatric community in Reno. And one of the doctors came up to me and said, I noticed your wife's expecting.

I want to advise you that if there's any problems with that pregnancy, don't have that delivery here in Reno. We don' have good neonatal care here. Go back to Salt Lake and have The care we have in intensive care for newborns is terrible.

That struck me. What? That's how these people feel about the care in their community. So I began looking into it and I realized there was far more expensive in Reno, but the mortality rates were far higher than they were in Salt Lake or even Las Vegas.

And that sort of experience happened over and over again. I was given the duty by the legislature to regulate trauma care, and I trying to organize a trauma system.

Here we were in the most expensive state in country for hospital care. Uh, compared to Utah, which was the least expensive and there was no trauma system and Utah already had long since had a trauma assistant.

There was. No organized open heart surgery. Like Utah had already long sense organized that new NATO care was not good and you died a lot better. And yet I kept thinking to myself, why is care so expensive in the state?

Where the actual advances, the technologies, their care, that perfections of the care are so much worse than they are elsewhere. And it began to dawn on me that it has something to do with Nevada being an almost all for-profit hospital state.

and Utah being an almost all non-profit hospital state. I went to the LEAD hospital in Las Vegas, the one where President Reagan's was our president back then.

His advanced team would always pick that hospital to take him to if there was trauma, you know, if they were some kind of issue. And I've sent out an RFP or request for proposals for hospitals to apply to be the lead trauma center across the state, that hospitals didn't apply.

and other hospitals that did apply could not, they failed the test. So we couldn't designate a level one trauma center. The one that actually had the capability to do it refused to apply.

And I ran into that CEO and I said, what the heck? Why didn't you apply? You would have won that. You could be our lead trauma setter. We could building our trauma system around you.

He said it's really simple. You're the regulator of hospitals in the state of Nevada. You have regulated us and granted us a license. And I think I can't remember the exact number, but let's say it was for 450 beds.

He said, we don't routinely staff up to 450. We staffed up the like 350 beds, if a patient comes into the emergency room, my staff is trained to figure out whether they can pay for that hospital bed.

And if they can, call in a nurse, staff up, and we admit them. But if the can't pay for it, then we tell that family that we're full, And we divert them to some other hospital.

Why Market Logic Fails in Medicine

He said, your rules for the level one trauma center that you pass through the Board of Health require that the care has to be allowed at the Level One Trauma Center for trauma patients, regardless of ability to pay.

So he said I'm not in business to take care of Nevada's trauma patient. I am in the business of making money. and I can't accept that regulation. And that was the moment when I realized we have a problem.

We have real problem in the United States healthcare system when the profit is what they are all about and not actually the patient care. So we need to really advise ourselves, really carefully understand, you can either have very profitable hospitals, optimally profitable hospital, or you could have optimal patient, but you cannot have both.

They are mutually exclusive. That's what I learned early on. that was a driving moment for me in changing how I approached what it was that we needed to be doing.

I mean, that's a crazy story. Most of the podcast audience or doctors think about why you became a physician. And when you were writing your statement of why he wanted to do that and why are you dedicated so much time, it had nothing to with making sure your hospital was ridiculously profitable.

Everything had to do with, how do I help my fellow individuals? How do we help people get through their health problems? And how to make sure I make a big difference for the people and my families and all these different people?

It had nothing to with profitability, but I think you're right. And it seems like what you observed in the hospital system in Nevada has become more the rule rather than the exception.

As I talked to different, people have worked in different hospital systems. Well, we'll do that as long as it makes us money, but if it doesn't make us, then we don't have an interest in it.

And we do need to make sure that, you know, hospitals can pay for the services they offer, But hospitals, I don' think we're ever designed to be giant profit centers or things that would be really interesting to outside investors.

But that is what we encounter a lot in 2026. Yes, Nevada just happened to be on the leading edge of what became

the norm all throughout the nation. Utah's hospitals now are either overtly for profit or they are allegedly nonprofit, but they act like any other shark in the shark tank.

So they're actually ostensibly nonprofit but not really. And that sort of behavior creates a system where a program is judged individually on whether it is making money and not on, whether is meeting a community health need and saving patient lives.

you know, staffing levels for nurses, for instance, that's viewed through the lens of, can we still have a good bottom line, a quarterly profit margin that is better next quarter than it was this quarter, if we staff at this level?

And usually the answer, or often the answers is no. So they'd staff down, they dumb down positions, there are few and fewer RNs, more and more aides. One time when my wife was in a hospital recovering from some serious surgery, She was having problems that looked like she might be going into heart failure.

So the consulting cardiologist wrote an order for eyes and nose. And I watched as the person came in who was supposed to actually do the work. of measuring the fluid levels, et cetera.

And I looked at the chart after she'd finished and walked out of the room. This was somebody who couldn't add and subtract. It was doing eyes and nose on my wife who was maybe having heart failure.

That is the kind of dumbing down that was never true when I was in training. that's not how people were in hospital staff levels. this is one of Salt Lake major hospitals.

man, you know, it's the same group of people. We're all descendants of the previous generation and people approached some of these things a little bit different.

Why do you think that was allowed to happen? Do you it was a just pure selfishness or was it a regulatory change that occurred? You know with your perspective of multiple decades of doing this, why do think this is allowed happen in the US healthcare system?

For one major reason, we in United States have big believers in market systems. We believe markets are the answer for every problem. Now that ends up not being true, and it's especially not true in something like healthcare.

Adam Smith described markets in 1776, you know, the same year that the declaration of independence was written. It's a remarkable document and remarkable set of observations.

And in general, I'm the market person. I come from a fairly conservative background and I am a believer in allowing people to be buyers in the sense that it is marketing.

But. There are a number of these precepts about what markets or how market systems work written by Adam Smith that actually just don't apply to healthcare and we ignore those misfits and keep acting as if we can.

All we need to do is just figure out how to get that swear pig of healthcare into the round hole of markets. Patients are not buyers, not in the sense that Adam Smith meant them to be.

Buyers must beware, he said. Caveat emptor. You're supposed to know you're the only person who knows what you want in a marketplace and how much you are willing to spend on it or how it makes sense for you to do so.

So you have to aware of all those exigencies. Well, I'm sorry, patients aren't aware. I used to have a big argument with an anesthesiologist. I got invited onto all kinds of public discussions about health system reform over the last 20 some odd years in Utah, and I would be talking about market systems don't work.

And he was a Big Market proponent. He was somebody I'd known since we were young men, both serving an LDS mission together in Austria. So we we're friends, but had this definite difference of opinion.

Until one time we hadn't seen each other for several months and we show up for a big debate and I threw out the red meat so we could have the fight that everybody expected and he didn't pick up the challenge.

And afterward I said, what happened? Why didn' you argue with me? I mean, this was the entertainment everybody came for. I no longer believe what I used to say.

I believe, what you say." He said, I was shaving about three or four months ago in my bathroom one morning and I had a heart attack and fell to the floor and was completely unable to help myself.

So I'm an anesthesiologist. And I know what drugs need to be run then. But I could not do anything. But I realized what you've been saying all along, which is patients are not buyers, not in a market center.

He says, that's exactly right. Patients don't know and they can't do and can make decisions. The second principle of markets is that sellers have only one interest in the market and that is to make as much money as possible.

We don't believe, in a sense, doctors are the sellers, the primary sellers of what is offered in the healthcare market. But the truth is doctors will violate the Hippocratic oath if they put their profit before everything else.

So we actually have expectations, professional, ethical expectations of doctors and nurses that violate market principles.

Rising Costs, Administration, and GDP Growth

The third thing in market is that the buyer and the seller are only ones that care about the transaction. Well, in healthcare, that's just not true. We all care about these transactions.

If it's a case of tuberculosis that is needing care, obviously we all have an interest in seeing that case gets treated because otherwise it is wandering around the streets of our city or town exposing the rest of us.

But if it a trial case, we need that to be brought in a communal fashion in not a competitive way, but a supportive way. A way that we all agree to so that were all benefiting from it.

They were brought to the same facility. The worst cases are where the doctors and nurses practice and get good and stay good at those skills. Because even though I'm not the trauma patient today, I might be that trauma patients tomorrow and they need to be prepared for that if I am to get the best care.

And finally, markets are places where What drives demand for the product, the service, to good, whatever? What drive's demand is the price. And it's an inverse relationship.

The lower the pricing, greater the demand. Because in markets, demand as elastic. That's not true in healthcare. What drivers demand in health care is epidemiology.

Their frequency of various health problems. How common is trauma, for instance? That drives the man. I'll give it a good example. And my interest in having an acquiring insulin is not elastic.

I don't care about having insulin. Don't need it. And I'll care if you give it away and I won't go get it, I wouldn't let you. Give it to me at my front door.

There's no elasticity in that demand. No matter what the price is. If I'm a diabetic on the other hand, it doesn't matter how, how the prices, my demand never slackens.

It's not an elastic I've never heard of a patient getting an appendectomy because it was on sale. That's just flat not how it works in healthcare. And that is a great sign that markets don't apply.

The problem is we keep pretending like they are applying to healthcare and we the opportunity to actually do what

we know how to do. We physicians know and nurses know.

How to take care of patients, but we let the market forces, the business interests ruin it over and over again. That's the underlying recurring mistake that's being made in American health care that we've got to fight against.

No, I thank you and I appreciate your passion on it because you're right. All those things are true. Like none of my patients come in and are, you know, we're not running a sale on appendectomies.

We're, not, running, a, sale, on anything like that. And if a person needs like, for example, insulin is the classic one. If you can't get your insulin, especially if you are a type one diabetic.

You will do anything to get it because without it, you die. Like it's not really something you have much of a choice in. So it is interesting that we put all these market forces and then just in kind of, a shorter time span in the time that I've been in medicine, I have noticed the number of people that are on the administrative team.

like I worked for a neat little hospital and we do pretty well, but I noticed just, in general, across most hospitals, the executive suite, You know, The business people and all the billing department.

has grown and grown but the number of patients being served and the numbers of procedures being done in many cases has remained fixed and yet we're still trying to extract many more salaries out of that same group of patience and so across the board the prices go up for procedures or for whatever it may be and insurance companies feel like they have to slowly meet the demand and then over time the price just goes up and it seems like that's the only trajectory is up you know not just by inflation but just up by multiple times what normal inflation would be.

The percent of our gross domestic product, which is diverted to support healthcare, the medical expenditures of a country. They're remarkably high and the growth rate is consistently faster than the rest of the gross domestic product.

So inflation in healthcare outstrips as often as not, it's two to one inflation and in the economy. Back when I started practicing We were already had a much bigger percent of the GDP going to healthcare than any of our other sister first world countries, but it was about 10, 11% at that point in time.

I'm talking about in the early eighties, for instance. Now, we're approaching 20% of the GDP, in fact, going to healthcare. In fact there was a recent statement that said that we will cross the threshold to be above 20 percent of GDP going into healthcare before the end of this current decade.

Just for a context on why that's important, of course you can't spend 100% on healthcare, You can't keep outstripping the growth in healthcare costs, can keep our stripping their growth and the rest of the economy, because we can spend every dollar on healthcare.

We have to feed ourselves, we have build roads, you know, with educate our children, I mean, etc., etc. There's a lot of other things that we must do.

And if we stop doing some of those other thing, sooner or later, the economic will fall apart. There's only one circumstance I can think of in modern economies where that actually happened.

And a First World Nation economically fell apart, and that was the Soviet Union in the 1980s. Now, they didn't fall apart because of health care costs.

They fell in part because the defense spending. The percent of their GDP going to defense-spending, which was exceeded, was too skewed the economy in that direction.

That percentage was 20%. We've never come anywhere near 20% of the GDP going to defense spending in the US. It's down more like 5%. But they were at 20%. Their GDP wasn't as big as ours, and they we're trying to match our spending and defense.

That's the history of The Cold War. And then Afghanistan just took them over the top, their invasion into Afghanistan. What I'm trying to suggest is we are approaching a similar meltdown, economic melt down.

The Soviet Union was a first world country. You'd have to say it isn't really that anymore. It's certainly not a world power. We will do the same thing to our economy.

In fact, Mike Levitt, former governor of my state of Utah and the former secretary of Health and Human Services, I can quote him.

Healthcare, Rural Decline, and Political Polarization

He said there will never be a first world nation that spends 25% of its GDP on health care. And the reason he said that is you can't do that. It skews the economy too much.

The wheels fall off and everything goes to hell in a handbasket. We are approaching a brick wall for our economy. Everything else will fall apart and we will be a second-class nation if we don't figure out how to stop this push, this increase.

I mean, when I was filming Healing Us, the movie that I produced, This was in the 2022 time range. The total amount of money spent on healthcare in US that year was $4 trillion.

Now we're just a few years later and it's almost $6 trillion, that kind of growth just can't go on. We can't afford it. As wealthy as our nation is, we will fall apart if we don't do something about this.

Well, I've talked to lots of people. You know, the math has to work no matter what you're talking about, whether you talk about building a home or borrowing student loans.

And on a government, same thing, you can keep just printing money to oblivion because eventually if your percentage of money spent on one thing exceeds the ability for the market to handle it or for government to hand it, your right, will have chaos.

Earlier, again before we hit record, you mentioned that some of these problems that we are observing with just kind of endless spending in healthcare and increased corporatization or making it more of a business venture rather than caring for our fellow human beings are emblematic or symbolic of what's happening across the political spectrum where we've gone from people debating and trying to figure out their best way forward for society to almost like attacking one another and thinking people are the enemy if they don't agree with you.

We've become more polarized in our politics and you suggested that maybe how we're treating healthcare and the way we treat one-another in a healthcare standpoint may actually be fueling some of that discord and disarray and I'm interested to hear more of your observations on that.

Recently, it was last June, I did a driving trip around the United States. I have a Jeep. And I've done this quite often over the years, taking a couple of weeks out and just gotten off the main beaten track off of the interstate highways and get into rural America and see what it looks like and stop and have lunch somewhere.

This time I was really surprised. In rural parts of this country, I only found really evidence of three main activities. There were signs everywhere I went for lawyers advertising for injury.

They were going to try to sue somebody on behalf of whatever client. So there were lawyers that were active and there was a lot of cattle. We have livestock all over the country in every state, as far as I could tell.

And there were churches, mostly evangelical Christian churches. But for instance, I couldn't find evidence of any healthcare facilities anywhere in rural America.

No signs, no clinics. I'd go to the crossroads in the towns. Nothing. Often couldn' find a gas station. something

simple to eat. If I could find a gas station where I can get a little bit of gas, it didn't mean that there was a bathroom there that I couldn't relieve myself in.

I mean, I was so taken aback. It was hard to find the school in those places. What has gone on I think starts with how important to each local economy health care actually is.

Employment in the United States is dependent on health services. That's the only growing employment sector of our country right now. If you remove that from a given part of the country, you will remove economic opportunity in a lot of ways.

The tax base changes, the ability of consumers to actually buy goods and services changes and never for the better. So that trend because of our reliance on markets and profit and health care, that trend against rural health institutions and even though we built all those with Hillburton funds back when I was a child, federal money went out and built a hospital in every county across the country.

Those things by the 80s and 90s were beginning to disappear because the competitive model, the for-profit model can't make enough money. This quarter's A bottom line isn't better than last quarter's if you're trying to deliver care and service in rural America.

It gradually started being retracted from there. And with it went the economies of all these rural parts of the various states. I think there was a growing first alarm, concern.

and then eventual anger about the fact that people living there who had a lifestyle they loved and wanted to protect they could see that the coastal states the elites were doing very well but they were not and they couldn't seem to get any traction anywhere even though half of the citizens of our country live where there's not enough people for there to be more than one hospital or clinic.

There can't be any competition because you can build a second hospital in most, you know, U S right. So that is what I think. If you have a family member who dies because suddenly there's not the urgent care in where you are available, You have to go 50 miles away to get it.

And they die in route. You begin to feel a little bit like, well, I'm paying my taxes too. Why don't we have The advantages that everybody else seems to have in anger starts.

I think that's the germination of the Tea Party and the tea party who were a bunch of angry people who are just basically shouting at everyone. The Tea party has emerged into what is now the right wing of American politics.

Republican party I grew up in doesn't exist anymore. I mean, I'm not trying to give a free pass to the people who are on the left side of the political.

They are as beholden to and interested in the medical industrial complex as anybody is. You're making money hand over fist themselves and they keep making promises to America.

Both Clinton and Obama did as did George W. Bush that they're going to solve a health problem. And they never keep those promises because the market doesn't keep promises.

It keeps promises shareholders. they certainly have kept those promises. Obamacare passed and a share of UnitedHealthcare stock on that day grew tenfold over the next decade till the day when Biden was sworn in as the president.

That's what happened with Obamicare. It was a bonanza, a giveaway, and profiteering for the health insurance industry. Why do we have so much administration?

Because Insurance does not care, it's administration. And they're the ones that are dominating everything. What they do on their side of the aisle has to be mimicked mirror image-like on the provider side in order to fight those

administrative battles.

That's what they doing. that's the product, if that what you want to call it, that they are offering to us. And you're not doing it out of a goodness of their heart.

They're making as much money as they possibly can. they rob you and people are angry about it. If we actually believe the Bible and especially the New Testament that talks about being caring and kind and loving and how that will eventually pay dividends.

If we follow Jesus of Nazareth and try to heal everybody, then we will bless ourselves with that generosity and that heal this problem that is creating all this conflict in our country, people will be less angry.

If they have their needs met, they are more likely to be kind themselves when they had the opportunity to do it. We have caused this problems by failing to take care of each other.

we can only heal these problems if we start to care for each others. That I believe is an absolute moral truth. Charity begins here at home. No, I think you're right.

If we jokingly say that, you know, the golden rule is supposed to be due unto others as you would have them do unto you. But in 2026, whoever has the gold makes the rules.

And we have to so careful to make sure that we, again, this tenet that were trying to leave medicine better than we found it.

Proposed Reform: Utah Cares and Better Financing

And I think we as physicians do have to speak up and not just, you know, we don't can't leave it necessarily just to our political leaders. We have get involved in our state societies and our State government and federal government, and say, Hey, this is not supposed to be a big profit center.

we won't need to make sure that the hospitals keep the doors open and that you can pay your staff. But ultimately there is supposed be kind of a safety network.

I work in a critical access hospital. And critical access hospitals are under stress right now because there's been big federal cutbacks and state cut backs.

And it's really quite challenging. You could see that safety net go away pretty quickly. If it all becomes a business model, it'll all going to say like, we'll drive to the bigger city and have your procedure or go your hospitalization there.

But the problem is if you live in rural America, like I do, It's not so quick to just drive there, I live a place where there are three canyons and you can't leave in the winter if there is a winter storm.

You can't fly anybody out with a helicopter. You could only drive slowly out if there's somebody having a time-sensitive emergency. So if you take hospitals out of rural America, it results in poorer health and a higher rate of death and really a high expense.

In your book, you talk about workable solutions, some solutions that you suggest. I realize we'll run out of time before we run of the entire development of that, but I would like to point people to the book and have you give kind of a synopsis of where would you point?

People as they feel the passion and they fill this drive and want to change, what would tell them to do? Just briefly stated, the solution for our problem is better, simpler healthcare, financed fairly for all.

We have plenty of money in the system, we don't need more money. we need the money that is currently already

there, and most of it's public money, most is taxable money Americans pay higher healthcare taxes than do the citizens of any other country.

We need to not give it to the for-profit interests that are, quote unquote, our healthcare financing system, which is private for profit health insurance.

That business model needs to die. It needs go away. Instead, there needs be a publicly oriented financing systems that very simply pays for healthcare.

For the hospitals, it negotiates a budget. It basically says how much does it cost to open the doors, pay the staff, feed the patients, buy the medications, et cetera.

What does the cost do that? What's your community health mission and how do we meet that financially? There's plenty of money to do. It's not like we're going to have to raise more taxes or anything.

There is plenty money. So we go to each hospital in the state of Utah. We're proposing to convert the Public Employees Health Plan, which currently serves 200,000 Utahns who are public employees or their dependents, and instead basically say, you're going to take care of all Utahs, everybody.

They have the lowest overhead of any payer for health services in the state of Utah, other than Medicare and Medicaid. Theirs is about 4% overhead. The typical private for-profit plan runs well over 20%, up to 30% with their rent seeking behavior and the way they mismanage things.

We'll turn it over to a non-profit private trust fund, which is owned and operated by the people of Utah for the People of Utah. Instead of Public Employees Hill Plan, we'll call it Utah Cares.

We will negotiate budgets with every hospital and every other health facility, pay them directly. So if you need care there, you walk in, and you don't have a bill to pay afterwards.

So people are no longer frightened by the possible financial embarrassment that a health problem might represent to them. Physicians need to be paid better.

Nurses need be to paid to better, we built that into our model. A substantial raise for doctors and those fees will be negotiated with the physician community by The Payer, by Utah Cares.

It's that simple. Everybody's enrolled, nobody's never ever unenrolled. All physicians are on the list. You know, you can go see anybody you want to go to see.

If you don't like your family doctor, go somebody else. It's totally in the patient's hands. And the doctors are told, just make sure that they get the care they need.

if it's hypertension or diabetes or whatever, You find a way to treat them. You do the best you, can we'll support it. That's what the financing's here for.

Make sure the patients get the care they need. We'll use our monopsony buying power. we're buying medications and medical devices for all Utahns. Will go and use that monopsy buying and get better deals from the pharmaceutical industry.

Utah's got three or four million people, that's about the size of the VA, and the V. A. has monopsony buying power that gets their pharmaceuticals at 60% what the rest of us pay for the same pharmaceutical.

That's what we will do. Policy's not hard, it's the politics that are hard. Those corporations I'm attacking, they're the ones that have the $6 trillion a year and they are going to fight it tooth and nail.

They already have. That's the problem, it's politics. And to that, I say to the people out there, stop electing the same

people. Make sure you unelect people every time you have a chance, because they've already shown themselves to be more interested in the medical industrial complex than they are in taking care of patients.

Unelect them. I don't care whether you usually vote Republican or Democrat, forget about the party. If it is an incumbent, vote for somebody else. In Utah, we're going to put on the ballot this Utah care system because I can't get it through the Utah legislature.

And I want to go all around Idaho and all round the rest of the Intermountain states, show them my film, talk to them like this, and try to help them get organized like we are getting organized in Utah.

Like the people in Colorado are being organized. Get it on ballot and get people unelected so we can actually make a change. That's what I tell people to do.

Man, I love your passion. It's awesome. Where can people go to find out more about your work? Your books, your movie, and the Utah Cares Act that you're working on.

You can find a full copy of the Utah Cares Act online at utahcares.health. That's the, Utah cares, which is a political issue committee. that's our website.

And on that website, in addition to the actual statute itself drafted, you'll find all of economic studies, and there are three of them that support the economics of what I'm talking about, that we actually can afford to do this.

You also will find the link to the movie Healing Us.

Where to Learn More and Podcast Closing

It's on YouTube, so you hit the link and it takes you to YouTube and you can watch the 75 minutes film. You can email directly through the website and let me know that you might be interested in having a community screening of the film, and if I can possibly get there, I will, i'll go.

I just came back late last week from Colorado, a small little town called Paonia, in the middle of Colorado mountains. And I mean, I'd have a screening with about a half a dozen people at it.

I will come, i will help you understand this problem, show you the movie, we'll talk your way through it, it'll help coalesce more and more people. Because I think most Americans know that the healthcare system sucks.

They know it's wrong. They don't blame their doctors for it. they see the doctors are victimized by it too. It'll be a blame. Their nurses, they know something is wrong, have a hard time articulating everything that I've learned to articulate.

So I'll come and help you. Let's get this thing done. I want to start groups in Idaho, in Wyoming, In Montana, places where patients. who have tertiary care needs often come.

They originate from those states and they come to Salt Lake City. I used to see them when I was here in training. i want to help those States because we're all in this together.

Let's get this thing done. Thank you so much for sharing. I'll put your link for the website and the show notes. And again, I appreciate you taking the time to share both your observations and your passion about this, because I think it highlights something that maybe we don't talk about enough.

The importance of being an advocate for systemic change that really benefits patients and makes it so that healthcare workers can still be healers and not just pawns in the machine.

So thank you much. I'd love to talk with you more. Thanks for tuning into the Doctors Making a Difference podcast. And thank you for what you do to help your patients and your community.

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See you next time.