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“Medical in America”

People in the United States of America are crying. They cannot afford their medical bills, hospital rooms, or basic health care expenses. People who choose Preferred Provider Organization (PPO) Health Insurance Coverage have a sizable deductible before their insurance pays. There is a co-payment, as well. According to the Sun-Sentinel, Health insurance has increased 33 percent. This increase is forcing many families to drop their insurance. In addition, the increase will continue as inflation increases. The result is less disposable income for the low income and middle class citizens. People want to be insured but the cost is too excessive.

Uninsured individuals are advised to go to the government for Medicaid assistance. For many, this ends up being a waste of time and money. The middle class are the ones feeling the pinch of inadequate or no medical coverage. One group being without any type of coverage are those working for minimum wages.

President Nixon came up with a medical proposal in 1974, requesting that the employer pay part or all of the employee’s medical health coverage (Schlank, Christina, B 20). It is a disgrace to see the way some of the employees are being treated by their employer. There has not been a health care plan to encompass the low income and middle classes. The candidates are only trying to appease and satisfy the voters with a half hearted plan, which is an attempt to show that they care about education and health. Even health insurance, does not cover health issues. A plan needs to be formulated over the next five to ten years and implemented to insure the health of our nation and the survival of the middle class. Health insurance companies are making billions of dollars each year. They increase their health insurance rates way too often and the American people get frustrated because they cannot afford the rates increases. Many

people have cancelled their policies as a direct result of these increases. This is just wrong. The health insurance companies are making more demands to raise peoples’ monthly premiums. “How do you expect someone to survive and support a family?”

The negative side of free medical, is private hospitals will not want to be controlled and run by the government. This may cause these hospitals to go out of business because of capping cost by the government. This would impact on the enormous money they are making today. In addition, many of these doctors are making plenty of money far beyond what the government would pay. A solution would have to be found which is satisfactory to both sides between the governments funding and to allow private hospitals to make a reasonable profit. Setting a limit on who is eligible to receive free medical would have to be researched. An individual making more than half a million dollars, should be required to pay a premium toward their health care policy. We spend billions of dollars in foreign aide to pay for hospitals in another country, but according to current statistics many of our middle class and poor are left to die because of a lack of medical care. This is not good medical practice. According to the information that was given, Doctors are manipulating the entire medical system for more money. There are two systems in place run by the government. One is Tri-care and it is a regionally managed healthcare program for active duty and retired members of the military, their families and survivors (Retrieved from the internet). “Tri-care brings together the health care resources of the Army, Navy, and Air-Force. It supplements them with net works to civilian health care professionals to provide better access and high-quality services while maintaining the capability to support military operations” (Tricare Management Activity). Second, is the Veteran Affairs (VA) program. Both programs are serving over ten million Americans. The adaptation and expansion over a five-year trial period would cause a gradual increase of governmental costs in their participation in a reasonable medical program; needless to say there is a need for more research before we can construct a conclusive medical plan. We would need all the state Governors, Congressmen, and Senators to support a joint plan. We need their support and a special committee to look at the possibilities and the feasibilities of these various plans.

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