

# STELLAR GOOD NEWS

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## Stellar Software

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## Stellar Updates

Recent changes and updates to Stellar:

### Family Plan Automated

We have made it easier to handle family plans in which the responsible person applies a credit to his account to cover family members. When you post to dependents, if any credit is available a pop-up message will tell you. Depending on your response, the credit will then be applied to the dependent's account and debited from the responsible person.

See the new selection "Display Family Balance when posting" in Tools, Configuration Options, Insurance, Billing and Appointments, Billing Options tab.

## Health Care Crisis

Chiropractic *does* have a stake in this. But what, exactly, is the 'health care crisis'? It seems to be made up of the following:

- 1) Declining health of the population because of our addiction to unhealthy manufactured foods and because of the increasing age of the population.
- 2) Rising cost of every aspect of health care, insurance, provider care, hospital care, because it has become a profit-driven industry where the patient is the marketing target.
- 3) Draining of resources by an incoming tide of non-paying illegal aliens. This is so big that hospital ERs are being shut

down to save the hospitals.

4) Insured people expect and demand 'the best' (most expensive) care available. Known as the 80-20 rule, 20% of health care recipients spend 80% of the money. This phenomenon is the 'terminator gene' of the insurance industry.

5) Today's MD, squeezed between managed care and malpractice insurance, is no longer in a lucrative business. So he specializes in high-dollar diagnostic and treatment technologies to survive.

6) In the 1980s and 1990s U.S. medical schools put a cap on enrollments, claiming we were headed for a glut of doctors. The population has grown by 70 million since then and about 250,000 MDs will retire by 2020, increasing a 250,000 current shortage to over 500,000.

Worse, half of primary care MDs interviewed plan to scale back or get out of primary care.

There is a 'perfect storm' brewing. The AMA and AAMC, by conspiring to control the market for profit, have greatly exacerbated the situation. What will fix the situation? It comes down to two crucial requirements:

- 1) Control the cost of care.

To control cost, I believe we must eliminate fee-for-service. Let doctors work 8-hour days and get paid a salary like everyone else. Provide a rating system (ebay comes to mind). Subsidize the cost of the education and initial office/equipment needed. Rank them as in the military and pay accordingly. Reform of health care has had some success in

France, Canada, Germany, Japan, Cuba, etc. where it is mandatory and mostly government insured and administered. Outlaw advertising as we once did to everyone's great benefit. Not only for medical care, but for all drugs and procedures as well.

2) Provide adequate doctors.

Providing adequate doctors can be surprisingly easy and economical. a) We have at our disposal a large body of "almost MDs". b) We also have a plethora of schools already operating that could start graduating new MDs within a year.

Items a and b are two parts of the same wonderful solution. The 'plethora' of schools are all of the now-limited specialty schools for optometrists, podiatrists, chiropractors, dentists, etc. that, with a small addition to the curriculum and a residency program could become full medical schools. No multiplied billions of \$\$ to build and staff new schools. All previous graduates would be 'grandfathered in' with their limited specialty licenses and the opportunity to further it if desired.

## ***What Really Happened***

How do you think our medical system came to be dominated by the "allopathic" paradigm? The answer to that is not easily uncovered, but you won't have to do the research yourself. The primary work was done by the Reese Committee and its brilliant director of research, Norman Dodd, in the 1950s.

Historian Joseph Goulden describes the process this way:

Flexner had the ideas, Rockefeller and Carnegie had the money, and their marriage was spectacular. The Rockefeller Institute for Medical Research and the General Education Board showered money on tolerably respectable schools and on professors who expressed an interest in research.(4)

Since 1910, the (Rockefeller and Carnegie) foundations have "invested" over a billion dollars in the medical schools of America. Nearly half of the faculty members now receive a portion of their income from foundation "research" grants, and over sixteen percent of them are entirely funded this way. Rockefeller and Carnegie have not been the only source of these funds. Substantial influence also has been exerted by the Ford Foundation, the Kellogg Foundation, the Commonwealth Fund (a Rockefeller interlock created by Edward Harkness of Standard Oil), the Sloan Foundation, and the Macy Foundation. The Ford Foundation has been extremely active in the field of medical education in recent years, but none of them can compare to the

Rockefellers and the Carnegies for sheer money volume and historical continuity.

Joseph C. Hinsey, in his highly authoritative paper entitled "The Role of Private Foundations in the Development of Modern Medicine," reviews the sequence of this expanding influence:

Starting with Johns Hopkins Medical School in 1913, the General Education Board supported reorganizations which brought about full-time instruction in the clinical as well as the basic science departments of the first two years of medical education at Washington University in St. Louis, at Yale, and at Chicago. In 1923, a grant was made to the University of Iowa in the amount of \$2,250,000 by the General Education Board and the Rockefeller Foundation. Similar grants in smaller amounts were made to the following state-supported medical schools: University of Colorado, University of Oregon, University of Virginia, and University of Georgia. An appropriation was made to the University of Cincinnati, an institution which received some of its support from municipal sources. Howard University and the Meharry Medical School were strengthened, the latter by some eight million dollars. The General Education Board and the Rockefeller Foundation later made substantial grants to the medical schools at Harvard, Vanderbilt, Columbia, Cornell, Tulane Western Reserve, Rochester, Duke, Emory, and the Memorial Hospital in New York affiliated with Cornell.(5)

This list, of course is not complete. It is necessary to add to it the medical schools of Northwestern, Kansas, and Rochester; each heavily endowed, either by Rockefeller money, or by the Commonwealth Fund which is closely aligned with Rockefeller interests.(6)

After Abraham Flexner completed his report, he became one of the three most influential men in American medicine. The other two were his brother, Dr. Simon Flexner of the Rockefeller Institute and Dr. William Welch of Johns Hopkins Medical School and of the Rockefeller Institute. According to Hinsey, these men, acting as "a triumvirate":

. . . were not only involved in the awarding of grants for the Rockefeller Foundation, but they were counselors to heads of institutions, to lay board members, to members of staffs of medical schools and universities in the United States and abroad. They served as sounding boards, as stimulators of ideas and programs, as mediators in situations of difficulty.(7)

To read the complete document from which this information is taken, go to:  
<http://tinyurl.com/2fwqc6>