INTRODUCTION

Why would a busy surgeon write a book on healthcare reform?

"First, do no harm." —Attributed to Hippocrates

American healthcare is in crisis. The system is breaking down, and physicians are throwing in the towel. The bureaucratic and administrative demands have become too great for those wanting simply to take care of patients. The inefficiencies of the system, in which each component of a patient's care carries an overhead charged to a third party, make no sense in a country where our federal deficit is skyrocketing, and 1,400 Americans file for bankruptcy due to healthcare costs each day. This book takes aim at the fundamental problems with the United States healthcare system and proposes solutions based on current opportunities arising from rapidly evolving technological breakthroughs. The final part of the book aims to empower physicians and consumers to demand that our government make the changes that are required to fix the system.

I have been a neurosurgeon for twenty-nine years. I have operated on thousands of patients, repaired countless aneurysms,

removed tumors that seemed inoperable, and decompressed spinal cords that were being slowly crushed. I have held lives in my hands—quite literally—and I have dedicated my career to the proposition that skilled intervention, applied at the right moment, can restore what disease and injury seek to destroy.

I did not set out to write a book about healthcare policy. I set out to be a doctor. I wanted to heal people, one patient at a time, using the knowledge and technical skills I spent over a decade acquiring. Policy was for politicians. Advocacy was for activists. My job was to show up, make the diagnosis, perform the surgery, and give my patients their lives back.

But somewhere along the way, something changed. Slowly at first, then with gathering speed, I watched the practice of medicine transform into something I barely recognized. The insurance companies, once a distant administrative nuisance, became the arbiters of medical necessity. The relationship between physician and patient—sacred, in my view, and foundational to everything medicine is supposed to be—became triangulated by bureaucrats with no medical training, guided by algorithms designed to deny care, accountable to shareholders rather than to the sick.

I found myself spending more and more time on the phone with insurance representatives—time that should be spent with patients. I found myself filling out prior authorization forms for treatments that any first-year resident would recognize as necessary. I found myself explaining basic neurosurgical principles to claims adjusters who had the power to override my medical judgment but not the knowledge to understand it. I found myself apologizing to patients, not for complications or bad outcomes, but for a system that would not let me help them.

My input, my expertise, my training, and my experience had all become secondary to insurance company protocols, corporate profit margins, and a system that had elevated cost containment above patient care and transformed physicians from healers into

supplicants, begging for permission to do our jobs.

I tolerated it. We all did. We complained to each other in the physicians' lounge and shook our heads at the absurdity, but we adapted. We hired more staff to handle the paperwork. We learned which magic words triggered approvals and which ones triggered denials. We built our practices around the dysfunction, working within a broken system because we still believed we could help patients despite it.

And then I met William.

William Dawson was in his fifties when he shuffled into my clinic, though he looked decades older. He could barely walk. His arms trembled. He gripped his cane with hands that could no longer hold a coffee cup steady. He was, by any objective measure, a man in crisis—his spinal cord being slowly crushed by degenerative changes that had narrowed his spinal canal to a sliver.

The diagnosis was straightforward. The MRI told the story: severe cervical stenosis with myelopathy. His spinal cord was being compressed at multiple levels, and the compression was causing progressive neurological damage. Without surgery, he would continue to deteriorate. The weakness in his arms and legs would become paralysis. He would lose the ability to walk, to use his hands, to care for himself. He would become quadriplegic, not from an accident or a tumor, but from a treatable condition that I knew exactly how to fix.

I recommended surgery immediately for urgent decompression of his spinal cord. This was not elective. This was a man whose nervous system was being destroyed while we talked, and every day of delay meant more damage that might never be reversed.

His insurance company disagreed.

They demanded X-rays, even though I already had an MRI, which is vastly superior for evaluating spinal cord compression. They demanded physical therapy, even though physical therapy cannot decompress a spinal cord and could, in a patient with severe

stenosis, potentially cause harm. They demanded that William wait while they processed paperwork, reviewed protocols, and decided whether a board-certified neurosurgeon's recommendation for urgent surgery met their criteria for medical necessity.

I called them. My staff called them. We explained, we argued, we pleaded. We described what was happening to William's spinal cord in terms anyone should have been able to understand. We warned them that a delay would cause permanent damage. We told them that this was an emergency.

They put us on hold. They transferred us to different departments. They requested additional documentation. They took weeks to make a decision about a patient who was becoming paralyzed in real time.

When William came back to see me a month later, he could no longer get out of a chair without help. He could no longer hold a fork to feed himself. He had developed urinary incontinence. The damage I had warned about had occurred while his insurance company deliberated about whether his surgery was necessary.

I stood in my office after that visit, and I felt something I had never felt before in my career: powerless. Not uncertain—I knew exactly what William needed. Not unskilled—I had performed this surgery hundreds of times. Powerless. Powerless because a system designed to manage costs had overridden my medical judgment, and a good man was paying the price with a function he would never fully regain.

That was the moment I decided to write this book.

American healthcare is not failing because we lack medical knowledge or financial resources. It is failing because it was designed through decades of policy choices, corporate incentives, and political compromise to fail patients. That is the diagnosis this book makes. And in these pages, I propose the cure.

What This Book Is Not

I want to be clear about something from the outset: this is not a political book. I am not promoting a liberal agenda. I am not promoting a conservative agenda. I am not interested in the tribal warfare that has paralyzed our political system and made honest conversation about healthcare nearly impossible.

I have voted for candidates from both parties throughout my life. I have colleagues and friends across the political spectrum—physicians who disagree about taxes and immigration and gun control, but who share a common frustration with a healthcare system that fails our patients regardless of their politics. When we are in the operating room, nobody asks whether the patient is a Democrat or a Republican. We simply try to help.

The healthcare crisis in America is not a partisan issue, even if politicians have made it one. The insurance company that denied William's surgery did not ask about his voter registration. The prior authorization forms I fill out do not come in red and blue versions. The patients who go bankrupt from medical bills, who skip medications they cannot afford, and who die from treatable conditions because they delayed seeking care come from every demographic, every region, and every political persuasion.

I have tried, in these pages, to propose solutions based on evidence rather than ideology. Some of my proposals will sound progressive to conservative ears. Some will sound market-oriented to progressive ears. I do not care. I care about what works. I care about what will actually improve Americans' health, expand access to care, and eliminate the financial devastation that healthcare expenses inflict on millions of families every year.

If you are reading this book looking for ammunition to use against the other political party, you will be disappointed. If you are reading it looking for solutions that might actually work-solutions that draw on the best ideas from multiple traditions and prioritize

results over rhetoric-then I hope you will find something valuable here.

What This Book Is

This book is a diagnosis and a prescription.

The diagnosis is that American healthcare is broken, not in one way but in dozens of interconnected ways that reinforce each other and resist piecemeal reform. We spend twice as much as other developed nations and get worse outcomes. We have the most administratively complex system in the world, consuming over a trillion dollars annually in paperwork that delivers no care. We have a system that makes physicians miserable, burns out the people we need most, and drives young people away from careers in medicine. We have a system where insurance companies practice medicine without licenses, where corporate profits take precedence over patient welfare, and where a man can become quadriplegic while bureaucrats debate whether his surgery is necessary.

The prescription is comprehensive reform, not tinkering around the edges, but fundamental restructuring of how healthcare is financed, delivered, and governed in America. I propose a National Health Services Administration that provides universal coverage with the independence of the Federal Reserve. This is not "government healthcare." Alongside it: a Health Score system that shifts medicine from treating disease to preventing it; a Global Medical Access Network that uses telemedicine to ensure every American, anywhere in the country, can reach a physician within minutes; and a deliberate dismantling of the administrative burden crushing physicians and the prior authorization nightmare harming patients.

These proposals are ambitious. They will face fierce opposition from industries that profit from the current dysfunction. They will require political will that has been absent for decades. But they are not utopian fantasies. Every element I propose exists

somewhere in the world today, in healthcare systems that deliver better outcomes at lower cost than ours. The question is not whether better healthcare is possible. The question is whether we have the courage to build it.

This book unfolds in three parts. Part I diagnoses the system: how administrative overload metastasized through American medicine; how private insurance became a machine for denying care rather than providing it; and how clinical authority was stripped from the physicians closest to patients. Part II prescribes the remedy: twelve concrete steps, from AI-driven administrative reform and a new National Health Services Administration to free medical education and a global telemedicine network, that together constitute a radical but achievable transformation. Part III maps the path to implementation, showing how ordinary Americans can become the political force that makes this change possible. Each step builds on the last. Each is grounded in evidence drawn from systems that are already working, somewhere in the world, right now.

A Word About Costs

Any serious reform proposal must address cost. The reforms I propose will not increase overall healthcare spending—they will reorganize how we already spend it. For most Americans, costs will fall. For some, they may rise. But the system as a whole will become more efficient, more sustainable, and more humane. The detailed financial analysis—how the numbers work, who pays what, and what the American economy gains in return—is examined throughout the chapters that follow and consolidated in the Appendix.

The Patients

Throughout this book, you will meet patients whose stories illustrate what is broken and what could be fixed. You will meet Maria Rodriguez, who lost her vision because a prior authorization delay prevented her from receiving medication in time. You will meet James Chen, navigating the Byzantine complexity of Medicare Advantage. You will meet Ellen Whitfield, who nearly died at 2 a.m. in rural Montana because no American physician was available to recognize her emergency. You will meet William again, whose story I have already begun to tell.

These patients are composites whose names and details have been changed to protect their privacy, but their stories are real. I have seen versions of each of them in my practice. I have watched the system fail them in the ways I describe. I have felt the frustration of knowing what they needed and being unable to provide it.

I tell their stories because policy debates conducted in abstractions miss what matters most. We can argue about single-payer versus multi-payer, about public options and private exchanges, about tax rates and budget projections. But at the end of the day, healthcare is about human beings who are sick and afraid, who trust physicians to help them, and who deserve a system that makes that help possible rather than obstructing it at every turn.

Every number in this book represents someone's mother, father, child, or spouse. Every statistic about denied claims, delayed treatments, or medical bankruptcies represents a family whose life was disrupted, diminished, or destroyed by a system that prioritized profit over care. I have tried not to lose sight of that reality, even when discussing the technical details of policy reform.

An Invitation

I wrote this book because I could no longer remain silent. I wrote it because William's face haunts me—the confusion and fear in his eyes as I explained that I knew how to help him but could not get permission to do so. I wrote it because I have watched too many colleagues leave medicine, burned out by a system that treats them as obstacles rather than healers. I wrote it because I believe that Americans deserve better than what we have, and because I believe we can build it if we find the will.

I am a neurosurgeon, not a policy expert. I may have gotten some things wrong in these pages. I welcome correction, debate, and disagreement about means even when we agree about ends. What I will not accept is the status qu—-the complacent assumption that this is simply how healthcare works, that nothing can be done, that we should accept the unacceptable because change is hard.

Change is hard. But watching patients suffer when you know how to help them is harder. Feeling powerless when you have spent your life acquiring power to heal is harder. Explaining to a family that their loved one is paralyzed not because medicine failed but because the system did is hardest of all.

I invite you to read this book with an open mind. Set aside, if you can, the political categories that have made healthcare reform so contentious. Consider the evidence. Consider the human cost of inaction. Consider what we could build if we decided, together, that Americans deserve a healthcare system worthy of the name.

And then, when you have finished reading, I invite you to act. Call your representatives. Join advocacy organizations. Vote for candidates who prioritize healthcare reform. Talk to your neighbors, your colleagues, and your friends. The change I describe in this book will not happen because one neurosurgeon wrote about it. It will happen because millions of Americans demanded it.

William is still alive. He regained some function after his surgery,

which eventually happened, far too late, after the insurance company finally relented. But he will never fully recover what the delays cost him. He will live the rest of his life with limitations that did not have to exist.

This book is for him. It is for Maria and James and Ellen and the millions of Americans whose names I will never know but whose suffering our system enables. It is for my colleagues who went into medicine to help people, only to find themselves drowning in paperwork instead. It is for the medical students wondering whether this profession is still worth entering. It is for everyone who has ever received a medical bill that made them choose between their health and their financial survival.

Most of all, it is for the country I love, a country that has always believed it could solve any problem, overcome any obstacle, and build any future it chose. We put a man on the moon. We built the internet. We decoded the human genome. We can build a healthcare system that works.

Let's begin.