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The Washington Health Trust and the Plan to Heal American Healthcare

Bob Coleman, MS Pharm.

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The Washington Health Trust and the Plan to Heal American Healthcare

By Bob Coleman, MS Pharm.

This book is a work of non-fiction. The author has made every effort to ensure the accuracy of information contained within as of the publication date. The views expressed are solely those of the author.

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Companion works: *Hostile Takeover* (2026) and *Unnecessary Deaths* (2025).

AUTHOR'S NOTE

This book, One Card, One Cure, did not emerge from a vacuum. It is the culmination of a diagnostic journey—a deep and, at times, unsettling investigation into why American healthcare, despite its monumental costs and scientific prowess, so often fails us. For months, I have been documenting the systemic failures and deliberate manipulations that have brought us to this crisis point. In my YouTube video series, “Hostile Takeover: How Wall Street and Congress Hijacked American Health Care,” I traced the financialization of our medical system. It reveals how patient well-being was displaced by shareholder value, how care became a commodity, and how the levers of power in Washington were pulled to protect profits over people.

That diagnosis was tragically confirmed and amplified during a pivotal moment in modern history. In my book, “Unnecessary Deaths: How the Trump Administration Undercut Global and US Health Care and Medical Science,” I chronicled how a fractured system, when placed under extreme stress and further undermined by political opportunism, cost lives on a staggering scale. It is a stark case study in the human toll of policy failures.

These works were necessary to answer the why. They expose the roots of the problem: a complex web of perverse incentives, bureaucratic bloat, and compromised governance. But diagnosis, however accurate, is not a cure. To present a problem without a tangible, actionable solution is to leave readers in a state of justified despair.

One Card, One Cure is the prescription.

If the previous works dissected the hostile takeover, this book is the blueprint for the citizen's takeover. It moves from critique to creation. The solution presented here—a single, smart-card-based system for universal healthcare—is not a mere tweak or a hopeful fantasy. It is a specific, technologically feasible, and financially sound framework built directly in response to the failures I have documented. It is designed to bypass the entrenched interests, eliminate the wasteful complexity, and realign the system's incentives with a single, sacred goal: the health of the individual.

My hope is that you will read this book not as a standalone theory, but as the logical, empowered conclusion to a years-long investigation. The evidence of the disease is laid bare in my prior work. The cure is in your hands.

— Bob Coleman

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Introduction: The Great American Sickness

The call usually comes on a Tuesday, after the mail has arrived. It isn't a friend or family member. It's a debt collector, calling about a bill you never understood in the first place. You did everything right—you worked, you paid your premiums, you followed your doctor's orders. Yet here you are, on the phone, explaining why you can't pay five figures for a procedure your insurance company deemed "not medically necessary."

This is not a rare breakdown. It is the system working exactly as designed.

Welcome to American healthcare, a place of shocking paradox. We spend nearly one-fifth of our economy on health—far more than any other nation—only to achieve worse life expectancy, higher rates of preventable death, and a daily anxiety that a single diagnosis could mean financial ruin. We are told this is the price of choice and innovation. In truth, it is the price of a hostile takeover.

Somewhere along the way, the core mission of medicine—to heal—was quietly subverted. A new, ruthless logic was installed in its place, one that views your sickness not as a problem to be solved, but as a revenue stream to be managed. Health is no longer the goal; it is the commodity. The denial of care is not a mistake; it is the product. This is the work of what we call the Denial Machine.

The Engine of the Machine: Profit Over People

The Denial Machine is not a single entity but a sophisticated, self-reinforcing system. Its power begins with a simple, perverse financial

incentive: in American healthcare, the less care you provide, the more money you keep. This turns the fundamental purpose of insurance on its head. For the corporations that dominate the system, your illness is a “medical loss” on a spreadsheet, to be minimized by any means necessary.

This logic fuels a vast and parasitic bureaucracy. An estimated 31 cents of every dollar spent on healthcare in the U.S. never touches a patient. It goes to an army of billing specialists, coders, and prior-authorization clerks whose sole job is to navigate—or more often, create—a labyrinth of paperwork. This “Billing Complex” is not an unfortunate side effect; it is a core profit center, a deliberate barrier that wastes the time of doctors and nurses while draining resources from the exam room.

The machine is now entering its most frightening phase, deploying artificial intelligence not to diagnose disease faster, but to automate and scale denial. Algorithms, trained on corporate financial data rather than patient outcomes, make life-altering coverage decisions in milliseconds, rendering the system more efficient, more impersonal, and more inhumane.

The Political Shield: How the Takeover Stays in Power

A system this profitable does not survive by accident. It is protected by a formidable political protection racket. A river of money—funded by the very premiums and denials that harm patients—flows into lobbying firms, campaign coffers, and shadowy advocacy groups. Their mission is singular: to ensure that any reform which threatens this lucrative model is branded as radical, unaffordable, or un-American. They have engineered a political gridlock designed to make

real change seem impossible, leaving us to fight over incremental tweaks that never touch the profit motive at the core.

The result is a system perfectly engineered for its purpose, but catastrophically failed for ours. We do not have a healthcare system. We have a sick care industry—a system financially rewarded for treating late-stage disease in expensive settings rather than promoting the cost-effective prevention and early intervention that actually creates health.

The evidence for a better way is overwhelming and sits right in front of us. From the efficiency of the Veterans Health Administration to the universal coverage and better outcomes of every other wealthy nation, the model is proven. A single-payer system—where healthcare is financed as a public good, not a private commodity—is the only logical, moral, and economical endgame. It aligns our finances with our ethics, ensuring care is a human right, not a privilege.

This leaves us with the urgent, practical question that defines our moment: If the cure is known, how do we break the machine's political shield and implement it?

The answer lies not in a futile, direct assault on its fortified capital in Washington, D.C. The path to national salvation runs through a different Washington. It requires a strategic counter-offensive—a flanking maneuver that bypasses federal gridlock to build a working model of the cure in a single state. This model must be so compelling, so clearly superior, that it creates an undeniable proof of concept and a political blueprint for the nation.

That model exists. It is fully drafted, economically scored, and ready. It is called the Washington Health Trust.

What follows is the story of that Trust—not as a piece of hopeful policy, but as a surgical instrument designed to dismantle the Denial Machine piece by piece. It is the story of the counter-offensive, and your role in it. The takeover happened. The reversal begins now.

Chapter 1: Reclaiming Our Health—A Counter-Offensive Blueprint

History shows that takeovers can be reversed. This is not a moment for despair, but for a strategic counter-offensive. The single-payer solution is not a radical fantasy; it is the logical, moral, and economical endgame—the only system fundamentally aligned with the principle that healthcare is a human right.

Our blueprint for this counter-offensive is a practical, three-phase plan that leverages a specific, drafted piece of legislation as its Phase 1 prototype: The Washington Health Trust. It is a state-level bill engineered to dismantle the “denial machine” and administrative waste we have documented throughout this book.

The Washington Health Trust, while a product of its moment, stands on the shoulders of decades of state-level activism and legislative courage. Its core principles of a unified public payer were forged in the hard-fought campaigns of states that dared to challenge the insurance complex long before it was politically conceivable. Vermont's 2011 push for a single-payer system, though ultimately blocked, provided a crucial national template and proved the political will existed. California's perennial legislative battles—with bills like AB 1400—have continually refined the economic arguments and mobilized a vast coalition, demonstrating the scale of the fight. In Washington itself, the earlier passage of the nation's first Public Option (Cascade Care) in 2019 was a critical proving ground, revealing both the promise of public models and the limits of competing within the existing for-profit framework. The Trust is the direct successor to these efforts, synthesizing their lessons into a more advanced and politically viable design. This lineage is not incidental;

it is proof that the counter-offensive is a sustained movement, learning, adapting, and advancing with each campaign.

A. Unified Public Funding: Replacing the Profit Motive

The first and most critical feature of the Trust is its financing. This is the linchpin.

The Problem: The current multi-payer system is not merely complicated; it is a weaponized financial architecture. The denial machine thrives on fragmentation. Each funding stream—state employee plans, Medicaid (Apple Health), ACA subsidies—is a silo with its own rules, creating administrative fog that for-profit insurers use as cover to deny claims and generate profit. This systemically incentivizes “churn”—the practice of pushing out sicker, costlier patients while recruiting healthy ones—and turns the act of receiving care into a constant financial and bureaucratic battle for patients and providers alike.

The Trust's Solution: The Trust doesn't reform this system. It replaces it. By consolidating these streams into a single, publicly accountable pool, it severs the direct link between an insurer's shareholder returns and a patient's denied MRI or prescription. The financial incentive flips: the system's goal shifts from minimizing “medical loss” to maximizing the health of the entire population. The Trust operates on a not-for-profit basis, where every dollar saved through efficiency or prevention is reinvested into expanding care or reducing cost burdens, not distributed to investors.

The Funding Mechanism: It is financed by a dedicated capital gains tax and fair-share payroll contributions. This is not a new tax on the middle class; for the vast majority of families and businesses,

economic analysis shows this results in net savings. This unified risk pool, where the healthy and sick are covered under the same social contract, is the precise antidote to the “hostile takeover”—a democratic, financial reclamation of our health system that aligns funding with health outcomes, not corporate quarterly reports.

B. Simplified Coverage: Starving the Administrative Beast

The denial machine's army is not just AI and algorithms; it is a legion of billing specialists, coders, and prior-authorization clerks.

The Problem: The “Billing Complex” detailed the insanity: a single hospital may have to navigate contracts with dozens of insurers, each with different forms, codes, and rules designed to obfuscate and deny. A primary care physician's office can employ more staff for billing and insurance negotiations than for actual patient care. This administrative bloat, consuming an estimated 31% of U.S. healthcare spending, is not an unfortunate byproduct; it is a core profit center and a deliberate barrier to care that wastes clinician time and fuels burnout.

The Trust's Solution: “One card, one claims system” is a direct and fatal attack on this complexity. With a single, standardized set of benefits, eligibility rules, and provider payment rates, a clinic can fire its team of billing specialists and hire another nurse or social worker. A doctor spends time on a patient's chart, not on the phone with an insurance clerk arguing over “medical necessity.” The projected hundreds of millions in savings under the Trust come directly from defunding and dismantling this parasitic bureaucracy, redirecting that river of money back to patient care. This simplification is not just an administrative tweak; it is a profound cultural shift that restores the

relationship between patient and provider, removing the for-profit middleman from the exam room.

C. Wraparound Medicare & D. Veteran-Friendly Integration: A Compassionate and Strategic Design

The most politically potent attacks against single-payer involve fear-mongering about "taking away" existing coverage. The Trust is engineered to turn this weakness into a strength by honoring and improving our best public systems, demonstrating that reform means enhancement, not eradication.

For Seniors (Wraparound Medicare): The Trust does not replace Medicare. It fulfills its broken promise. By using its public financing to cover all deductibles, copays, and gaps in coverage (like dental, hearing, and vision), it effectively eliminates the need for costly, confusing Medigap or Medicare Advantage plans. It turns Medicare from a partial benefit that leaves seniors vulnerable to bankruptcy into the truly comprehensive program it was intended to be, protecting a beloved institution while making it better. This strategic "wraparound" approach neutralizes a powerful line of opposition by guaranteeing that no senior loses benefits and everyone gains financial security, transforming a key demographic from a perceived opponent of change into its staunchest ally.

For Veterans (Veteran-Friendly Integration): The Trust holds the VA system sacred. It recognizes the VA as our national prototype for integrated, non-profit care. The Trust acts as a seamless partner, covering everything the VA does not—emergency care out of network, dental, vision, and services for family members—without forcing veterans to navigate a separate, hostile private insurance market or

choose between systems. It proves that a universal system can respect and reinforce our public commitments, not erase them. This model ends the “VA or nothing” dilemma and provides veterans with a continuous, dignified coverage guarantee, honoring their service by fixing a fragmented system that has too often failed them.

The Trust as the Three-Phase Blueprint

1. **Phase 1: The Legislative Beachhead (Years 0–2)** – The Washington Health Trust is Phase 1. It is the concrete, actionable bill that can be introduced, debated, and passed in a pioneering state. Its success provides the model for replication in California, New York, Illinois, and Massachusetts. This state-level action bypasses federal gridlock, creates tangible proof of concept, and builds the political power necessary for national change.
2. **Phase 2: The Public Choice (Years 2–4)** – The Trust's design provides the exact architecture for other states to launch powerful “public option” plans that are not weak competitors, but premium, integrated systems based on its unified financing and simplified administration. These state-based options would demonstrate the superiority of the public model within the existing marketplace, winning over public sentiment through superior performance and lower costs, and creating a competitive “race to the top” among states.
3. **Phase 3: The Federal Synthesis (Years 4–6)** – The Trust's respectful integration with Medicare and the VA provides the template for federal legislation. A national “Medicare for All” system would not be a disruptive overthrow, but a synthesis of these proven, popular public models into one seamless framework. The federal act would set national standards and provide baseline

funding, while allowing states the flexibility to administer care—much as the Washington Trust model outlines—creating a resilient, federally backed, locally administered universal system.

The Counter-Offensive Begins with a Bill

The Washington Health Trust is more than policy. It is the fully weaponized counter-offensive. It surgically targets the denial machine's financial engine, starves its administrative army, and outmaneuvers its political fear campaign. It answers the question “How?” with the most powerful tool in a democracy: a specific, ready-to-pass bill.

> *The path is clear. The blueprint is drafted. The counter-offensive begins not with a protest, but with a vote—a vote for a system where funding follows need, bureaucracy bows to care, and our public promises are finally kept. Let's win it.*

Chapter 2: Two Philosophies, Two Futures

To understand the promise of the Washington Health Trust, we must first confront the fundamental limitation of what came before. The Affordable Care Act (ACA) represented the most ambitious attempt in a generation to heal a broken system. Its framework was one of expansion through regulation. It sought to make the existing, for-profit marketplace more humane by outlawing its worst abuses and helping people buy into it. It was an attempt to build a better room inside a house whose foundation was already cracked.

The result was a historic expansion of coverage—more Americans held insurance cards than ever before. But the ACA was, by design, a partnership with the very industry whose logic it sought to tame. It relied on private insurers to offer plans. It added new subsidies and rules to a system that remained rooted in fragmentation and profit. This was its inherent contradiction: it tried to treat the symptoms without curing the disease.

The “Denial Machine,” as we've documented, is ruthlessly adaptable. Faced with new rules against rejecting the sick, it simply evolved new tactics. It birthed the era of “narrow networks,” where your insurance card was valid only at a shrinking list of hospitals and doctors. It spawned the epidemic of sky-high deductibles, creating the new American phenomenon of the “underinsured”—millions who are nominally covered but cannot afford to actually use their insurance without facing financial ruin. The ACA managed the system, but it did not—and could not—transform its core financial motive. It added new lanes to the bureaucratic highway but did nothing to reduce the tolls or the traffic jams.

The Washington Health Trust represents a different philosophy entirely. It is not an attempt to renovate the house; it is a blueprint for a new kind of shelter. Its goal is not to expand access to a market, but to replace the market itself with a public guarantee.

Where the ACA works through for-profit insurers, the Trust makes them obsolete for primary coverage. It severs the dependency. Where the ACA layered subsidies on top of a chaotic financial model of premiums and deductibles, the Trust eliminates them entirely, funding care through simple, progressive taxes that act as a replacement for all out-of-pocket costs. For the vast majority, this means net savings and the end of medical billing anxiety.

This shift in financial architecture enables a revolutionary simplification. The ACA's approach was to add more rules and complexity to an already-broken multi-payer system. The Trust's approach is to create a single, unified system: one card, one set of rules, one claims process. This doesn't just trim the administrative fat; it excises the entire “Billing Complex” that consumes a third of our healthcare dollars.

The ultimate contrast is in the human outcome. The Washington Health Trust aims for a single, profound result: a genuine guarantee. It is the difference between being given a key to a maze and being told the maze no longer exists. It is the promise that every resident has a right to care, not just an invitation to shop for it; a system where funding follows need, and bureaucracy finally bows to care.

> *The ACA was a necessary battle in a long war. The Washington Trust is the strategy to win it. One managed the sickness; the other is designed to cure it.*

Conclusion: Your Role in the Revolution—Architect or Shareholder?

The diagnosis is complete. The cure is drafted. The hostile takeover of our healthcare—the substitution of a healing mission with a profit algorithm—has been exposed in its full, brutal logic. We have followed its money, mapped its political defenses, and quantified its human cost in debt, despair, and preventable death.

We have also found the point of attack. The Washington Health Trust is more than a state bill; it is a strategic weapon designed for this specific fight. It does not petition the denial machine for mercy. It dismantles the machine by replacing its profit motive, starving its administrative army, and outmaneuvering its politics of fear. It provides the "how" that has eluded the movement for a century.

This leaves you, the reader, with the fundamental choice posed at the outset of this book.

You can remain a Shareholder in your own exploitation. This is the default path. It means continuing to pay ever-higher premiums, deductibles, and copays into a system engineered to minimize the care you receive. It means accepting the constant anxiety that an illness could be a financial death sentence. It means funding, through your own medical bills, the very political machinery that ensures this system never changes. It is a passive, costly, and ultimately hopeless position.

Or, you can become an Architect of the new system. This is the path of the counter-offensive. It begins with a simple decision: to stop being a customer of the disease and start being a citizen-builder of the cure. The blueprint is in your hands. The Washington Trust is not a

fantasy; it is active legislation—House Bill 1445, Senate Bill 5233. It can be passed. It will be passed, if enough people choose to build it.

Your First Acts as an Architect

1. **Become a Citizen-Expert.** You now possess the arguments. Understand the Trust's four features—Unified Funding, Simplified Coverage, Wraparound Medicare, Veteran Integration—and how each surgically fixes a part of the broken system. Share this book. Explain why "one card" is revolutionary. Tell your neighbor how it makes Medicare better. Your informed voice is the antidote to the industry's fog of misinformation.
2. **Target Your Political Power.** Healthcare is not a vague issue; it is this specific bill in this specific legislature. Find your Washington state legislators. Write to them. Call them. Attend a town hall and ask: "Do you support the Washington Health Trust (HB 1445), and if not, why?" For those outside Washington, demand your state representatives draft and introduce similar legislation. Make it clear: a vote against this model is a vote to protect the denial machine.
3. **Join the Movement.** You are not starting from scratch. Organizations like Whole Washington and the Washington State Nurses Association are already in the trenches, building the coalition, refining the strategy, and applying the pressure. Support them. Amplify their work. This is a collective project, and its strength is in its numbers.

> *The revolution will not be televised. It will be legislated.*

It will not begin with a charismatic leader in Washington, D.C., but with a determined citizen in Washington state contacting their representative. It will be built vote by vote, committee hearing by committee hearing, in statehouses across the country that dare to put people before profits.

The path is clear. The blueprint is drafted. The counter-offensive begins not with a protest, but with a decision—your decision—to become an architect.

Let's go build it.

Appendix A: Washington Health Trust (HB 1445/SB 5233)—Key Provisions

This appendix distills the core operational mechanics of the Washington Health Trust legislation, translating its political vision into concrete policy architecture.

1. Official Name & Purpose

Title: The Washington Health Trust Act.

Primary Purpose: To establish a universal, publicly financed, and publicly accountable healthcare system for all residents of Washington state, guaranteeing comprehensive benefits without premiums, deductibles, or copays at the point of service.

2. Governance Structure

Governing Board: A public-benefit corporation known as the Washington Health Trust, overseen by a bipartisan Board of Trustees. The Board is designed to be insulated from political interference and industry capture, with trustees appointed for staggered terms based on expertise in healthcare, finance, and public administration.

Public Accountability: The Trust is subject to open public meetings laws, annual independent financial audits, and regular performance reporting to the legislature and the public on health outcomes, cost control, and equity metrics.

3. Eligibility & Enrollment

Universal Eligibility: Every legal resident of Washington state is eligible and enrolled automatically, with coverage beginning at birth and ending only upon death or permanent move out of state. There are no eligibility forms, income verifications, or qualifying life events.

Seamless Enrollment: Enrollment is automatic through existing state data (driver's licenses, tax records), with a physical “Washington Health Trust” card issued to every resident.

4. Comprehensive Benefit Package

Mandated Coverage: The Trust covers all medically necessary services, including:

- Primary and preventive care
- Hospitalization and surgery
- Mental health and substance use treatment
- Prescription drugs
- Dental, vision, and hearing care
- Reproductive and maternity care
- Chronic disease management
- Rehabilitation and durable medical equipment

No Cost-Sharing: No patient pays a premium, deductible, or copayment for any covered service. The only exceptions are modest, standardized co-pays for non-formulary brand-name drugs when a generic is available.

5. Financing Mechanism

Primary Revenue Sources:

- A dedicated state capital gains tax on high-income earnings.
- Employer and employee payroll-based contributions, set as a fixed percentage of payroll, replacing all current employer-sponsored insurance premiums.

Federal Fund Capture: All federal healthcare dollars currently flowing into Washington (for Medicare, Medicaid, ACA subsidies) are pooled into the Trust.

Net Savings Model: These public funds replace all private insurance premiums and out-of-pocket costs. Independent economic modeling indicates that for over 90% of Washington households—and for most businesses—this results in a net reduction in total healthcare spending.

6. Provider Reimbursement & System Operation

Global Budgeting for Hospitals: Major hospitals and health systems negotiate an annual, lump-sum "global budget" with the Trust to cover all operating expenses, similar to a fire department's budget. This eliminates per-patient billing and aligns hospital incentives with keeping the community healthy.

Fee-for-Service & Salaried Models: Physicians and clinics can choose to be paid via a simplified, standardized fee schedule or can transition to salaried positions within integrated systems.

Prohibition of Duplicate Coverage: Private insurance is prohibited from selling plans that duplicate the comprehensive benefits of the

Trust. Private insurers may only offer supplemental policies for non-covered amenities (e.g., private hospital rooms, cosmetic procedures).

7. Implementation Timeline (Phased-In)

- **Year 1:** Passage of the Act; establishment of the Trust Board and initial system design.
- **Year 2:** Finalization of provider payment schedules, IT system development, and public education campaign.
- **Year 3:** Full operational launch. Enrollment of all residents. The Trust becomes the primary payer for all covered services in Washington state.

Appendix B: Annotated Bibliography & Research Compendium

This curated list provides the academic, economic, and policy foundation for the arguments presented in this book. Sources marked with an asterisk (*) were directly utilized in the economic modeling for the Washington Health Trust.

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ABOUT THE AUTHOR

Bob spent more than 40 years with the Department of Veterans Affairs, proudly serving those who served our country. Over the course of his career, he worked as a Clinical Pharmacist, Medical Informaticist, and Researcher, always with a focus on improving care and outcomes for patients. He published widely in medical and pharmacy journals, contributing research on infectious disease, anticoagulation, pharmacokinetics, and clinical decision-support tools. A partial list of his peer-reviewed publications is available through his Google Scholar profile.

Beyond the research and the data, Bob's work has always been grounded in a deep respect for science and a lifelong commitment to protecting the health of others. After retiring, Bob redirected his efforts from navigating a broken system to dismantling its logic. Hostile Takeover is his exposé of the for-profit architecture that prioritizes wealth over health. This proposal for the Washington Health Trust presents a targeted, state-level framework designed to advance universal healthcare for all residents and end the Hostile Takeover.