

## EXPANDED ANSWER 45: HEALTHCARE

The following envisions a privately (individual, corporate, or co-op) owned and run healthcare system for Vieques.

***The mission statement should read something like this: The primary purpose of the Vieques Island Healthcare System (VIHS) is to provide timely, safe, convenient, reliable, economical, and effective basic healthcare services for all citizens and invited guests. The secondary objective is to implement a small medical tourism industry which will both enhance/compliment our own healthcare system (through shared resources) and help develop our own economy.***

The mission statement above is the basic statement of the goals and objectives. The following discusses how these objectives may be reached. This is not a complete business plan but merely a partial list of things that should be considered. This will be a two phase effort beginning with the first phase to design a comprehensive plan implemented as a pilot project. The second phase will include opening a hospital and offering medical tourism opportunities.

The Vieques Island Healthcare System (VIHS) will be ours: the priorities assigned to our services and the limited budgets for the same will be decided by us, not some distant body of lawyers, businesses, and politicians (as in rationing). This is basic resource allocation.

Phase 1 should include the organizing, training, and equipping of facilities and staff required to convert our San Juan centered healthcare system into our own. To do this, we must address the following:

### WELLNESS AIDS

Healthcare is more than medical insurance – it's a comprehensive, integrated plan of proper diet, exercise, disease prevention, safe behavior, risk management, medical treatment, and insurance. The quality of these services is a function of many factors, not the least of which is funding. It is ultimately intended that the basic bare minimums will be available to all as a safety net. Above these basics, private insurance or self-funding will be required.

The role of government in effecting each citizen's personal choices is primarily educational. Producers are not to be relied upon to objectively explain the benefits and drawbacks of their offerings. The data are available to identify many of the foods that contribute to cancer, obesity, diabetes, heart disease, asthma, etc., and our government should dispense the information effectively during the formative years of childhood through the school system. The healthcare system should reinforce these principles as preventive medicine. Merchants could assist the effort – maybe by color coding shelving (or menus in restaurants) based on negative nutritional factors.

Athletic activities throughout K-12 attendance should reinforce the positive benefits of lifetime exercise, and expanded facilities should be provided and made available at the schools for public use when not being used for formal programs.

Vice taxes should be utilized to act as a disincentive to the consumption of alcohol, tobacco, and recreational drugs. Treatment for addiction is absolutely necessary, despite there being no magic cure. Mental health issues should be aggressively addressed as early in life as they appear. The goal is to identify, counsel, and/or treat any disorders while monitoring the progress of the patients.

## **MEDICAL CARE**

Medical services are to be provided premium free to all citizens through a plan of universal healthcare that is aimed at delivering basic medical and mental healthcare treatment with a small copayment. The program benefits included with basic services would be determined based upon an analysis of the community needs and the monies available through taxes. Extraordinary, elective, and premium procedures/treatments would not be covered. Long term hospitalization would generally become the patient's responsibility. Private alternative or supplemental coverage through insurance options would be offered commercially at market rates.

### Facilities

We have a heavily damaged and abandoned CDT facility of about 40,000 square feet awaiting potential government repair or rebuilding, but no money as of yet. We are currently utilizing a "temporary" diminished community clinic and emergency operation, as well as three private doctor offices and a single pharmacy. There is a shuttered 120,000 square foot, 3 story hospital sitting idle at Roosevelt Roads. In order for us to have our own (VIHS) standalone organization, we must have a solid relationship with a hospital that is accessible to us. These two facilities could be managed as a single entity with the common mission of serving Vieques residents and visitors. The hospital should include a full functioning pharmacy, and (with a fast, frequent, and reliable ferry system) the clinic could include a satellite dispensing outlet.

The improvements and reconfiguration of the clinic should be relatively easy and not terribly expensive. The hospital may be a different story. Despite an assessment of "Good" ten years ago, the physical condition of the hospital is questionable at this point. It would probably run in the neighborhood of \$10-20 million to retrofit it and bring it up to appropriate standards. This initial phase should include a current evaluation of the existing facility, of potential medical tourism options, and of the transfer of ownership/control of the hospital, etc. to VIHS.

Additionally, convalescent residences to accommodate patients and companions from anywhere – including medical tourists that have surgeries on the main island or elsewhere – can be made available from the existing residential units already constructed in Roosevelt Roads.

It is not feasible to financially justify a full functioning hospital for a population of 10,000, but as a medical tourism attraction, we can leverage facilities and staff to function together as both a local and tourist operation. With facilities "available" at Roosevelt Roads, it would make much

more sense to rehab the existing hospital than building a new one in Vieques. Additionally, professional staff from the main island (or rotating in from the US or other locations) would be accessible to the hospital for routine and specialized care and treatment.

## Operations

The clinic might continue to function as it does with more reliable x-ray and dialysis. But, because of the easy access to the hospital, it probably will be more appropriate to have the less routine services such as maternity or birthing facilities provided there rather than on the island. Additional services could be made available for certain cancer (and other) treatments.

These healthcare operations are not intended to be government run but rather contract services selected via a competitive bidding process, although government oversight is critical for quality assurance.

## Emergency Service

Emergency services are of the utmost importance. Treatment of injuries and illnesses is essential. Paramedic and other rapid response capacity would also be provided for all citizens and visitors.

## Transport

Transportation on the island would use traditional ambulances; however, medevac to the Vieques Hospital in Roosevelt Roads could utilize a high-speed rescue boat. In cases not requiring high speed, the ambulance would use the scheduled ferry. In certain situations, the police helicopter could serve both a rescue and transport function.

## Noncitizen Services

Fee based services would be available to all non-citizens. Temporary insurance for visitors could be made available, however only for short term care such as accidents or sudden illness.

## Mental Health

Treatment should be included for mental illnesses that effect all ages in all varieties. Counseling and family services are also important and required. Addiction therapies will be included. Short term institutional admissions should be provided, however long term care might necessarily be contracted out to PR or other locations utilizing supplemental commercial insurance.

## Staffing

Staffing would be oriented toward the offering of therapy, nursing, etc. for convalescent and rehabilitation. Limited general physicians or surgical staff will be required for our chosen specialties. Some professionals could be:

- “Guest” workers that come in for a short stint of days, weeks, or months
- Rotating staff that spend a week or several months
- Personnel from affiliated hospitals in PR or the US or other
- Semi-retired or retiring practitioners

Healthcare workers will come from a variety of sources. Verified certification from most schools and/or governments would be a basis for reciprocity for professionals in good standing from there other venues. Experienced based evidence might suffice in some situations.

Many healthcare professionals are frustrated at the evolution of their practices forced upon them by onerous new laws, rules, regulations, liability insurance, procedures, etc. that have seemed to suck the purpose and the joy out of treating patients. Most have been forced into group practices with integral hospital association and control. Paperwork, forms, reporting, compliance... are transforming doctors into legal assistants. Most practitioners would jump at the chance to actually practice as they feel medicine should be practiced.

## **MEDICAL TOURISM**

Our intention to establish a form of medical tourism (see the Commerce section) will enhance our ability to service our own population through the joint use of facilities and staff.

### Medical Tourism: Light

The high cost of medical procedures and convalescent care in the US and other locales could offer us a huge market advantage if we focused on services that we could offer for less. Stateside regulations, mandates, litigation, insurance... result in huge costs that could be greatly reduced without sacrificing the quality of services provided. These might include a range of medical procedures that:

- are not very risky or likely to generate complications
- have long convalescent periods
- don't require a wide range of specialist staff
- don't require a diverse array of expensive equipment
- are significantly more expensive elsewhere than they could be here

### Medical Tourism: Alternative Care

With the rapid advancements in the fields of medical technology, nanotechnology, gene therapy, drug research, surgical techniques, and alternative treatments, many potential “cures” are already available in the lab but not in the hospitals in the US or most other countries. The lengthy procedures needed to gain FDA and professional acceptance of new treatments or

drugs forecloses many from the opportunity to try an experimental, less than certain alternative, to live.

Filling this gap in medical offerings in a high quality professional environment could offer a profitable service to the patient, the hospital, the staff, the research community, and the world at large. The initial focus would be on terminally ill or elderly with a great deal of transparency in the process. There would be high standards of staff selection and audited procedures. The purpose is to offer alternative medicine not to sell snake oil or dubious treatments. Credibility would be extremely important.

End-of-life care and assisted suicide would be natural extensions of the services offered to terminally ill (or terminally old) patients.

**As with most issues in the development of the Independent Vieques, we don't know exactly what to offer or how to develop it. Our approach must be to reach out to the expertise of the world, present our assets, and allow the potential businesses and service providers to propose to us what they want, why they want it, and how we would go about making it happen.**