

### **The Mission We Facilitate with Local Non-Profits**

**Health care services** are either not available or are limited for many people in our communities. This condition has worsened because of lack of insurance for the working poor and no reasonable access to care when people are not eligible for public assistance. Consequently, there are dire predictions by health professionals of possible epidemics of communicable diseases, some of which have already happened. Also, care for poor people, pregnant women, young children, and the elderly is a growing concern. Therefore, **we have obtained physician and nursing care in private practices** for people in need. We do so with community ownership of clinics that serve all the people and by purchasing services through cooperatives created within local groups. **These cooperatives can be as small as 300 households and are able to provide comprehensive services to all members.**

### **Summary of our Rule for our Organizations Members**

As members of Tomorrow's Bread Today, we are committed to:

- \* Love, Peace, Truth, Tolerance, and Cooperation,
- \* Working and ministering within the local community in the service of others and especially the poor,
- \* Performance of Corporal and Spiritual works of mercy within every community where we serve,
- \* Commitment to the construction and operation of facilities and organizations necessary to serve the needs of members of local communities.

### **The Offer to Start Healthcare Services through the local Non-Profit**

Health care services are provided to people who need them without qualification. These services are from people who are trained in the diagnosis and treatment of diseases and injuries and from their assistants. These medical professionals have seen the need to solve our health care access problems and to teach people medicine and care for themselves and their families. A few organizations in the United States have established useful medical services with large networks of qualified providers for groups such as TBT has organized. They do this kind of work: (1) Telemedicine from Board Certified Physicians in every state (2) Dental, Vision, Prescription Drugs for 50% to 75% less than wholesale prices and (3) Roadside Services. They charge TBT \$5 per family per month for access to their benefits. TBT will provide that membership to each family in the non-profit who registers for it with their non-profit sponsor. TBT will also provide Primary Care in the members home and specialty care in clinics to any registered family that needs diagnosis, care, and treatment. TBT and professionals who provide the services will accept whatever TBT pays them from **donations to the non-profit's healthcare fund which is a "Pooled Income Trust"** administered by TBT for development of facilities and for production of income for the beneficiaries of the contributors.

It is possible that through this work of mercy and through donations healthcare, regardless of its extraordinary expense for some people in the community, can be delivered and paid for entirely on a voluntary basis. This has not been accomplished yet by insurance, either public or private, because they are based on economic forces and not on love, education and cooperation which are the proper sources of happiness and comfort.

The problem with health care as it is delivered in most communities in the United States is cost and access to service. There is an assumption that it is 100% dependent on an insurance system to function effectively. Insurance has a proper place and function but it is not health care (diagnosing, treating, and recording of sicknesses and injuries of patients). So, to properly address the cost and access problem we must use the tool as it was intended and purchase it without conditions and unnecessary costs. Insurance is intended to be a pooled fund to pay for unexpected costs of sicknesses and injuries. It is available to us now for \$45 per month per person and pays 100% of the medical and hospital expenses excess of \$80,000 up to \$5,000,000 per person per year with no health questions and no pre-existing conditions exclusions from Partner's Re in a group policy issued to TBT for cooperative members. Ninety-five percent of all the cost for health care is below the \$80,000 per year and it is better addressed with other financial tools like direct payment agreements with health care providers of all types. No insurer needs to be involved in those kinds of transactions. The reason they have been involved is because people have not taken direct action to work in concert to select their health care providers and to learn how to care for themselves and their problems.

There are already electric cooperatives, farm cooperatives, water cooperatives, and transportation cooperatives and day care cooperatives, fire protection cooperatives, education cooperatives, and representative government, but we have given health care to insurance companies ( private and public) at a cost that cannot be paid by government, businesses, or individuals. It is almost 20% of the gross national product. It is more than food, shelter, transportation, education, and taxes. It is out of control. So, why not stop and reform this behavior. There are no legal barriers to solving this problem, but it will not be done unless we embrace our families and friends and neighbors and cooperate with each other in a common-sense system of contributions, care, and education. First, become a group of at least 300 households, then find the health care providers among your members and bring in the ones you need to address the problems which you have discovered within your group. Record the cost of using the labor of these chosen advisors and caregivers. It can take as many as fifteen different types of health care provider to advise and treat the medical problems manifest in people who are in 300 households. However, the time taken among all these providers is the equivalent of one practice's full-time labor (doctor and staff). Suppose that practice cost \$600,000 per year to operate. How much would each member of the household in the group of 300 pay per month to support that practice? 300 households in most communities have about 1000 individuals of all ages as members. Divide \$600,000 by 1,000 people and the answer is \$600 per year per person or \$50 per month. TBT has done this and it works.

Beyond the direct payment of the chosen medical providers is the cost of medical facilities of all kinds which are less than the \$80,000 threshold of our \$5,000,000 group insurance policy. How can we handle that expense? We have found that a group indemnity policy combined with a health care saving account for the families will fill the gap. The policy cost \$100 per person and the saving account is \$100. The operation of the cooperative which includes patient advocacy is \$50. Therefore, the total cost of healthcare when done cooperatively within a group of 300 households is \$45 ( 5 Mil Insurance)+ \$50 (Direct Payment to practices)+ \$100 ( 80K Indemnity)+ \$100 ( HCS)+ \$50 (Cooperative Management)= \$345 or \$4,140 per year. The cost today in the United States is twice as high as our cost of doing more and doing it better by cooperation. Forethought and organization precede any solutions and the barriers to this are in our hearts and minds and not in laws or actions of government or commercial enterprises.

### **Donor Program**

TBT as a 501c3 operates a "pooled income fund" so that donors can contribute to the Local Non-Profits. We share the assets that come via those donations 80% to the Local and 20% to the TBT Trust Fund. The brochure that explains that program is attached. This donor program is an effort to take usury out of our systems of care and the carry out the best ideas of E.F Schumacher and other Distributist Economists who preceded him.

### **Benefit to the non-profit for organization of the Cooperative and for the Donor "pooled income fund"**

#### **Assumptions:**

1. The non-profit can convince 300 households (including the primary care providers and the specialists who help them) to participate in the Cooperative for their health care either partially or fully. The money to the non-profit is \$30 per month per household or \$9,000.
2. If the non-profit gets donors to contribute to the "pooled income fund" then those contributors can build a state-of-the-art medical clinic, create a functional cooperative, and receive tax deductions, tax credits and income for the life of their two named beneficiaries at a 5% per year return on their donation. The total cost is \$3,200,000 which is divided into 1500 Units of \$2133.33 each. The Units are financed by TBT and payable monthly at a gross cost of \$32.20 for 84 months. At the end of the 84 months the facility is full paid and owned by the community and the cooperative system is fully functional and controlled by the board which is elected by the cooperative members. The tax deductions and credits reduce the gross cost by 50% and the income to the two named beneficiaries is paid from the rents collected on the facilities and operations and the cooperative. Suppose you contributed ten units (\$21,333.33) the net cost to you over

seven years would be \$5,153 ( \$21,333-\$16,153 in tax saving). The income to your named beneficiaries would be \$7,467. That income will continue for their lifetime paid quarterly at \$266.68 if the clinic continues in operation and pays its rents. A complete description of the program is in the Disclosure paper.