

Have We Become a Third World Nation?

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Note: the recent election occurred while I was writing this screed—so there's a bit of a change in direction at the end. So it goes.

We are now eight months into the “Age of COVID.” Eight months where we’ve learned new terms like “Shelter in Place,” “Social Distancing” and “Appropriate Mask Wearing Behavior.” We’ve learned the difference between the N-95 and other masks. We’ve learned to scale back, cook more and eat out less, especially since most restaurants are closed. We’ve learned to spend more time alone, as we’re distancing from friends and family. And we’ve learned to rely on more technology to communicate with one another. Aside from changing our behavior and scaling back, we’ve learned many other things.

The COVID pandemic has unmasked many of the fault lines in American society that have existed for decades. We’ve discovered some problems that we didn’t know existed until the pandemic, and we’ve seen the emergence of other problems that have lurked below the surface for the majority of us since the eighteenth century.

At the top of the list of problems we weren’t aware of before COVID was how our technology lags behind the rest of the world. We’ve been rudely awakened to discover that our internet infrastructure has many holes and bottlenecks. The fragile web of computer nodes and connections that comprise the internet and its infrastructure cannot meet the demands of increased usage with all the ZOOM meetings and video streaming from people sheltering in place. My home internet has crashed numerous times and nine times out of ten I am unable to participate in ZOOM conferences, due to slow internet speeds and limited bandwidth. ZOOM has become a lifeline for many of us, but almost everyone I’ve spoken to (via landline telephone) has noted problems with internet connectivity during ZOOM or Skype meetings.

This isn't as big a problem in both Europe and the Far East where they have a faster, more reliable internet service than we possess in the US.¹ Most European governments consider internet accessibility as important as access to good schools or medical care (something else we don't have in the US). Our mantra for the past forty years has been, "Government is bad; let private industry and 'competition' take care of the problem."

What has become apparent about our internet infrastructure is that when we allow the private sector to "take care of the problem," the situation often worsens. The private sector's solutions are self-serving, and do not give the public a voice, or choice. The private sector's solutions have made internet service anti-competitive. We don't have a competitive internet infrastructure because Internet Service Providers (ISP) have carved up the country into geographic zones, and each zone has only one ISP.

I don't include DSL or satellite internet providers; their upload and download speeds are so much slower than cable internet, and I speak from personal experience. I have the fastest satellite internet service available in my area and it runs four to five times *slower* than cable internet. My slow speed is what prevents me from participating in ZOOM or Skype conversations.

The truly "high-speed" cable services limit themselves to one per geographic zone. In our local area that provider is SuddenLink Internet. And it is SuddenLink, that for strictly economic reasons, refuses to run a cable up the mountain I live on, although there are hundreds of people who live up on this mountain and could benefit from faster internet service. I see no competition from Comcast or Time-Warner or any other cable ISP. Each company maintains a local monopoly, thereby squelching any service improvements, in terms of either access or improved service. I feel that if a competitor ISP were to come up here, we on the mountain would most

likely have fast internet service because of competition. The net result of this “anti-competitiveness” is that American ISP’s may deliver, possibly inexpensive, but marginal quality internet service.

Our primary and secondary educational systems, already lagging behind our Asian and European counterparts,² have fallen even further behind in the Age of COVID, as many children, especially those in rural or poor urban areas, lack basic internet access.³ This denies them access to available online-learning resources. Prior to COVID our children may have been receiving a poor classroom education when compared to their Asian and European counterparts, but they were receiving *some* education, at least. With COVID, and most schools having gone to online learning systems, many of our children are now getting *no* education. They may be homeless, or live in outlying areas and not have PC’s nor reliable internet access nor anyone to help should they encounter technical problems.

Most importantly, for the point of this article, the pandemic has underscored how inadequate our medical care system is, especially for people of Color who are dying at twice the rate as White people from COVID. We’ve seen medical care workers needlessly get sick and die from having inadequate supplies of PPE and other medical supply shortages.

We’re witness to whole cities running out of ICU beds as COVID sends more people to the hospital. And this situation is directly attributable to our government’s criminally negligent and bungled response to the global pandemic. How many lives would have been saved had the Trump administration taken COVID seriously from the outset? How many lives would have been saved had the Trump administration ramped-up testing capabilities and enacted Social Distancing and Mask mandates on a national scale? Without COVID, we would still have

horrible, racially-biased medical inequities and a self-imploding medical care system, but, at least, we would have far fewer COVID related hospitalizations and deaths.

Because of COVID we're seeing a major upsurge in the use of telemedicine. Often, this is a good thing as patients may not have to leave home to confer with a doctor. The telemedicine visit becomes a sort of "electronic housecall." Superficially, this is a boon to patients. They may see their physician from the comfort of their own home. And, if the patient's camera is set to a wide-enough angle, the physician may get a glimpse into the patient's home environment.

However, when a physician is talking through a computer monitor with a patient, that monitor interposes itself between the physician and the patient. The nature of the interaction with that patient is altered—and not necessarily for the better. The monitor may be only 21 inches wide, but it exerts an effect much like a gauze curtain that spreads across the room, blurring the details and rendering all as a shadow. It's difficult to describe, but somehow, the physician-patient interaction is less personal, less *artful*. We practice both the Art and Science of Medicine, and somehow, the computer diminishes the art.

From time immemorial, the interaction between patient and physician has been a ritual, whether it was a Bronze Age shaman waving a rattle above a patient's head, or a 21st Century physician placing a stethoscope on a patient's chest while asking about their smoking habits. This ritual involves talking and *touching*, as the patient and physician engage in the choreography of the encounter. And it is this ritual that is part of the healing process. It is this ritual that adds a third dimension—a healing dimension—to the patient's visit, and turns it into something meaningful. Multiple studies have shown that patients derive more satisfaction from their visit and have better outcomes when the doctor actually lays hands on them. Telemedicine prevents the very necessary physical contact that is so important to the physician-patient interaction. While

this may be a necessary evil during the COVID pandemic, I suspect that when “things return to normal,” we’ll still be seeing dramatically increased telemedicine visits, much to all our detriments.

People are having increasing difficulty paying their hospital and medical bills due to inadequate insurance coverage. Yet, the US Department of Justice (DOJ) is charging 345 individuals — including more than 86 physicians, nurses, and other licensed medical professionals — in false and fraudulent claims to federal health programs and private insurers, including \$4.5 billion for fraudulent telemedicine services.⁴ Patients are having more trouble paying their medical bills, and criminal physicians have yet one more avenue to rip off the government for non-delivered services.

Our whole medical insurance Ponzi scheme is starting to crack under the increased pressure from COVID. Patients are feeling the pinch as their incomes go down with increased unemployment, but their medical insurance premiums rise and coverage is cut. And the Trump administration continues to erode the protections of the Affordable Care Act.

In fact, last week, the newly reformed Right Wing Supreme Court heard yet one more challenge to the constitutionality ACA (the 54th or 55th challenge) and will be ruling on it within the next couple of months. As I write these words, Joe Biden was declared president, but unfortunately, that will not stop the Supreme Court from ruling on ACA. However, Trump’s delaying, whining cry baby behavior coupled with his psychotic, sociopathic character could conceivably launch nuclear Armageddon prior to January twentieth of next year. So the whole point of the Supreme Court’s ruling becomes moot.

However, assuming that Mr. Biden takes the oath of office in January and Trump hasn’t screwed up American Medicine beyond all hope of repair, what does his election bode for

medicine in the US? Or, for that matter, what does his election bode for our approach to climate change, systemic racism and the myriad of other problems we're confronting?

Biden ran his campaign as a "Transitional" candidate, the anti-Trump. He didn't propose any major policy initiatives – only that he wasn't Trump – and that he would listen to the scientific experts, whether it is Anthony Fauci when it comes to COVID, or the climate scientists when it comes to the increased pace and severity of global climate change. For many, if not most of us, that is enough. We all need a breather to recover from the last four hellacious years. But are the lack of any positive initiatives enough to prevent our further slide into technological, medical or educational irrelevance?

Unfortunately, probably very little, and it appears that the American people are fine with that. We may have thrown a psychotic criminal out of the White House, but, despite the undoubted appeal of Bernie Sanders' (remember him?) approach to change, the people did very little to change the composition of Congress. The Senate, in particular, didn't change much, so even if President Biden were to propose sweeping legislation (a doubtful proposition) it would be effectively blocked by Mitch McConnell and his treasonous acolytes.

However, and I can't emphasize this strongly enough – we will no longer have William Barr as Attorney General nor will we have Betsy DeVos as Secretary of Education nor will we have any of the other lying criminals and Trump family members that were so ruinous to the country–

Therefore, to celebrate and misquote Lewis Carroll:⁵

"O frabjous day! Callooh! Callay!

We chortle in our joy"

Sources

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3. Emma García and Elaine Weiss "COVID-19 and student performance, equity, and U.S. education policy: Lessons from pre-pandemic research to inform relief, recovery, and rebuilding" *Economic Policy Institute* Sept. 10, 2020
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https://www.medscape.com/viewarticle/938452?src=wnl_tp10n_201112_mscpedit&uac=214354BG&impID=2670373&faf=1
5. In a deliberate misreading of the sixth stanza of Lewis Carroll's *Jabberwocky*:
"And hast thou slain the Jabberwock?
Come to my arms, my beamish boy!
O frabjous day! Callooh! Callay!"
He chortled in his joy.