

Paying for It: Smart Lessons on Navigating a Healthcare System in Distress

Plus... Cut Your Costs by 80%... Double Your Money This Year... and Find Out Who's Really In Charge of Your Health

Dear Reader,

I was recently a part of history.

I put on a suit and tie, went to the nation's capital, and stood in front of a panel of powerful rule makers.

I was there to talk about CBD and how utterly disgusting its treatment has been at the federal level.

What I said (the full transcript is published in this letter) could affect the lives of millions of Americans. If I was persuasive enough, lives could be saved. If I failed, the opposite would be equally true...

Lives could be lost.

Truth be told, I don't envy the folks at the FDA.

The people I shook my finger at didn't make this mess. They're simply the ones charged with digging us out of it.

But that doesn't excuse them – or any of us – from putting in the hard work needed to do what's right.

So far, it's clear that many of them have not.

Bureaucracy Breeds Ignorance

The experts who joined me at the FDA's headquarters were brimming with knowledge and experience.

There were doctors who were giving their patients CBD. There were researchers from some of the top medical facilities on the planet. There were CBD users. And there were lawyers... of course.



All of them seemed to know more about the subject than the folks making the decisions.

That's scary.

But it makes sense.

Many of the same things that can be said about CBD – and how we got here – can be said about the nation's healthcare sector as a whole.

If you've followed my work, you know I've long railed against the lack of accountability in Washington... and Big Government in all its forms.

The folks at the FDA – and every other government agency – have no incentive to learn more or get things done right. They won't get a bonus for beating benchmarks. Their boss won't hand them a gold watch for being the best on the team.

Nope... the only incentive these folks have is to expand their mission, grow their role and build a team of underlings working for them.

LIBERTY



KNOW-HOW



CONNECTIONS



They're charged with following the law and doing what's on paper only. Going above and beyond will just get them in trouble. Nowhere have these selfish incentives been more obvious than in the realm of healthcare.

Biased Facts vs. True Reality

Again, I saw it as I testified about the merits of CBD and what Manward readers begged me to tell our keepers in Washington.

The rule makers don't care about common sense or evidence that the natural cure works. To them, if it's not documented in a scientific paper... it doesn't exist.

Time and time again, we heard the panel of FDA decision makers tell an expert to submit their findings through the official database.

If they weren't submitted... on time... in the proper format... and by the correct folks... they didn't exist. It was clear the government workers weren't going to go searching for the truth on their own. And that's the idea that has me scratching my head as I pick up my pen this month.

Most folks don't know all that much about the healthcare industry. They don't know that, by some accounts, as much as 70% of all TV advertising comes from the folks at Big Pharma. They don't know the silly reason CBD hasn't gotten the FDA's nod.

They don't know that it's virtually impossible for something to be labeled as both a drug and a supplement under our antiquated laws.

And they don't know the FDA could easily make an exception to that half-cocked law... but never has before and so its leaders are scared to put their necks on the line.

(Again, there's that accountability thing.)

But in this month's issue, we look at things differently. We study a realm that's filled with myths, rumors and flat-out dishonesty – and maybe even some hate.

It's a worthy trip, as it opens our eyes to a startling view.

I guarantee you've never thought of things this way.

But if I did my job well enough, it should have you nodding along and agreeing that there is a better, smarter way to manage this country's healthcare system.

It doesn't involve a single-payer system. It doesn't call for the government to get involved. And it doesn't mean the price we pay will soar.

Just the opposite, in fact.

The Human Side of Healthcare

By all ways we look at it, what we explore this month gives applause to the ideas of our beloved Triad – especially the notion of Connections.

The research in this issue proves that healthcare is about much more than technology and drugs. It's as much about people as it is anything else.

I'm not just talking about the patients. That's too obvious for these pages. No, I'm talking about the people paying for our care. I'm talking about the people who decide what's right and what's wrong. And I'm talking about the people who decide what we're legally allowed to put into our bodies.

When you're done with this issue, you'll see an alternative to our modern (and corrupted) system. You'll learn about

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a company whose founder's pondering of an old-school idea led to a life-extending breakthrough. And you'll hear from a doctor who has been on the front lines and knows what it's like to make a decision in a healthcare culture that punishes those who challenge the status quo.

I'm quite proud of this issue. It's unlike anything else you'll read. It proves that our mission is gaining speed and making history.

Enjoy it.

Be well,

Andy

This Unique Group of Americans Is Saving 80% or More on Its Healthcare

It's the greatest transfer of wealth in the history of America.

That's how one patient recently described his run-in with the nation's healthcare sector.

He was headed to the hospital, yet again. His knee replacement had failed.

The fix will cost him thousands of dollars thanks to a complex and difficult-to-understand web of out-of-pocket expenses, co-pays and deductibles. But does it have to?

Like most Americans, this man saved all of his life to retire. He has just enough money to be comfortable.

But now, with each visit to the doctor, he's slowly shelling out what he saved to a system that seems brilliantly designed to exchange our very last penny for our very last breath.

It's insane to think, but in today's world of government-managed healthcare, the best a person can ask for is to die a quick and sudden death – outside the reach of the system.

Get stuck with a chronic disease or, worse, end up in a nursing home... oh boy, we'll be lucky if our money outlives us.

Medicare will cover 100 days in a home. After that... you're on the hook. And some facilities can cost \$100,000 or more per year.

And because nearly half the folks turning 65 these days will end up in a long-term care facility, billions of dollars will soon be ripped out of the hands of deserving families and will go straight into feeding a system that only wants to grow.

It's disgusting. There's got to be a better way.

Keeping What's Yours

As I age, I think about this question a lot. What will be left when I die? What can I bless the next generation with? Will all my hard work simply help pay for some bureaucrat's vacation? They're tough questions – questions we shouldn't have to ask.

But I'm certainly not alone. The nation has been wrangling with the idea of healthcare for generations. And over the last decade or so, it's turned disturbingly political. But there's a side of the debate that has not yet been covered.

It makes sense that the mainstream press wouldn't cover it. And it makes sense that politicians won't touch the topic. And, most of all, it makes sense that our culture largely laughs at the idea.

But I don't think it's funny... or backward. Not at all.

In fact, the average American could use a lesson in this old-fashioned idea. Not only could it save us all some money, but it may bring back the virtues that once had neighbor helping neighbor.

An Old-Fashioned Alternative

You see, where I live there's a class of folks getting richer and richer with each generation.

They're not making wildly speculative investments. They're not starting risky high-tech businesses. And they're not putting a penny in the stock market.

Yet when a farm or a large chunk of land goes up for sale... they swoop in and buy it for a premium.

And they always pay cash.

In fact, we were lucky to get our new farm. It's prime land, smack dab in the middle of their latest buying spree.



But rumor has it an old metal bridge made of open metal grates just down from the end of the driveway kept these cash-rich buyers from making their move.

Their horses won't cross a bridge they can see through. For the Amish... that's a deal stopper.

I always get a few chuckles when I mention the fiscal and cultural acuity of the ultra-religious group. Our society looks at the Amish as a group that is stuck in the past... is backward... and, frankly, has a bit of a screw loose.

However, try to buy a piece of land within a 50-mile radius of our small farm and you'll likely rethink that notion.

But I didn't pick up the pen to tell you about the virtues or the flaws of their thinking. No, that wouldn't get us anywhere.

It's important, though, that we open our eyes and look around – especially when things are getting a bit painful.

The Weird Truth

Manward's mission, as you know, focuses on three things – Liberty, Know-How and Connections.

The Amish, it turns out, are experts in all three... especially when it comes to healthcare.

I'll start by dispelling some common myths.

The Amish do pay income, property and sales taxes. They gripe about it, too. But they do not take money from the Social Security system and therefore do not pay into it.

The group also doesn't refuse high-tech healthcare. When the need arises, they'll head straight to the hospital for an MRI, the latest medicine or any other lifesaving treatment.

Where the group differs is in its steadfast belief in taking care of its own. In other words, it uses its Connections to create the ultimate form of Liberty.

This is where more Americans need to pay attention.

Because of this group's religious sense of community, you'll never see an Amish nursing home. You'll never hear of an Amish man selling his farm to pay for his health bills. And you'll never see the government incentivizing members of the group to die broke.

Those ideas should get your attention. To understand why the Amish make the decisions they do, you must understand this core belief.

They believe that each individual has a rich responsibility to their community. Anything that threatens that tie – like a vehicle that could take them far from home, a TV that builds false relationships or an internet connection that allows them to be influenced by folks outside their community – is banned.

Even their clothes are designed to tie the group together and separate them from the rest of the world.

Again, anything that severs – or even threatens to sever – the bond between the individual and his community is off-limits.

In today's modern world, the ideas seem entirely wonky.

Most folks look at the Amish as, at best, a novelty and, at worst, a group of ignorant religious zealots.

But we're not here to judge. We're here to boost our Know-How and see what it can do for us.

An Eighth-Grade Education... but Smarter Than Hell

If we're serious about fixing what ails our nation's healthcare system, we should learn a thing or two from the Amish.

The first thing to understand about them – and perhaps the unconscious magnet that draws me to their idea – is that they shun commercial insurance plans.

The reason why is vital. It's what's broken in today's society.

The Amish believe that insurance slaps away the idea of community accountability.

Think about that idea for a minute. It's big.

Think of how it relates to your experiences in the obnoxiously unaccountable realm of modern healthcare.

Has your doctor ever asked about your insurance plan... and then issued tests based on your answer?

Or how about the fact that virtually no doctors post their prices? Why would they... when the patient isn't footing the bill?



The Amish have taken steps to overcome the problem by making these issues much more personal.

Again, they don't buy into commercial insurance plans.

They insure themselves... with their strong Connections to their family and religious brethren.

You see, there are no mandatory "premiums" in the typical Amish community. Instead, each family gives to the church what it sees fit. These donations are called alms – think of them as a tithe.

That money is held by the church and managed by its deacons. They're charged with doing what's best with the money.

If a family needs money for health bills, the deacons help relieve the burden.

If there's not enough in one local church, the deacon puts his hat out and asks for help from other nearby churches.

In some instances, communities have come together to quickly raise hundreds of thousands of dollars for their members by selling quilts and by auctioning equipment and livestock.

It's a beautiful system that leaves nobody out.

"Is Andy Turning Pink?"

Before you think I've gone crazy or, worse, turned into a socialist (them's fightin' words), let me explain why this system works so well for the Amish.

It's quite simple. It creates accountability.

No members of the church are going to game the system when they know their tight-knit community is watching them. Better yet, each member of the church has quite an incentive – making sure there's money left to cover his own family's needs – to lower his bills and do what's best for him and for his neighbors.

That's not the case when we're dealing with huge insurance conglomerates that turn us into nameless numbers.

In fact, the current state of healthcare in America practically begs for folks to take advantage of it. We either get it for free or we're forced (by law!) to pay a certain amount each month... creating an incentive to get nothing but the very most for our premiums as possible.

It creates a system of cat and mouse where one player is always chasing the other. The result is runaway regulation and irresponsible, Liberty-crushing laws. It's how we got to where we are today.

But don't think the Amish are totally opposed to forms of insurance. They're not.

This is where things get quite interesting... where our healthcare system could take some notes.

It could save you some money.

Same Service... One-Fifth the Price

Roughly 30% of the community takes part in something called Amish Hospital Aid.

It works like modern insurance – but without all the complexities. The insured is required to pay 20% of major medical expenses, while the program pays the other 80%.

But here's the crazy part.

The program is dirt cheap. A single person pays just \$125. A married couple pays \$250... and all of their children are covered until they turn 18.

So how can they offer the same services and financial protection as a traditional plan at roughly a fifth of the cost?

This is good.

First, the Amish believe that doctors – as mere mortal humans – are fallible. Mistakes happen. And when they do... they forgive.

In other words, it's not up to the courts to make things right.

So when the folks in charge of the local Amish Hospital Aid plan contact a doctor's office or hospital to negotiate prices, that idea is one of the first things they mention.

When the costs of potential litigation and expensive malpractice suits are pulled from the equation... prices fall dramatically.

After all, it's no secret that lawyers make a lot of money playing the healthcare game. And we all pay for it.

A second way the Amish cut costs is by paying in cash and eliminating all the bureaucracy that goes with our modern insurance billing system.



One report we studied on the subject – from the mega-bureaucrats at Johns Hopkins, ironically – put it quite well.

“Remarkably, common to all these aid programs is their ability to address major needs without bureaucratic red tape, paid employees, underwriters, offices, computers, threat of lawsuits, or profits.”

Added together, it’s a huge savings.

After all, administrative expenses account for roughly 12% of all costs for private insurers. At hospitals, though, the figure is even worse – with more than 25% of all money going to things like claims processing, marketing and general overhead.

There’s one more reason the Amish pay less for healthcare. Again, it’s something we should pay attention to.

The Free Market Wins... Again

Even if you’re not thinking about hitching up a horse and buggy, you can take advantage of this cost-saving measure.

It’s the idea of shopping for services and bundling them all together for just one price.

Take a success story out of Ohio, for example.

Being thrifty (aka smart) shoppers, the Amish community put pressure on local hospitals to put a single price on a bundle of common services – including everything from tests to procedures and follow-up care.

It forced the providers to be transparent with their pricing and, most important, to promise their lowest possible price.

The CEO of one hospital put it quite clearly. The Amish won’t come to his hospital unless they get the right price. “They are shrewd business folks, they are price sensitive, and they will shop,” he said. “They don’t expect you to lose money, but they don’t want to be paying exorbitant margins.”

You may be thinking that insurance companies have the ability to put the same pressure on hospitals and doctors.

In some ways they do... but in many ways they don’t.

After all, an insurance company makes its money by covering as many patients as possible. If it pushes for prices that are too low, providers will simply stop treating folks covered by the company’s plans.

And when your insurance isn’t taken by your favorite doctor, what do you do? Most folks won’t find another doctor. They’ll find another insurer – especially when they know their premiums will stay the same.

Thanks to the pressure to bundle from the Amish, the folks at the Free Market Medical Association tell us that some self-insured employers are now getting prices on things like knee replacements and gallbladder removals that are 55% to 85% lower than what insurance companies are paying. That’s nuts.

It’s clear that the Amish may not spend years in school... but they are not stupid (or riddled with student debt).

They may think a bit differently from most in our society, but their actions and beliefs have sensible logic behind them.

The Amish pride themselves on being self-sufficient. They don’t let a big, expensive government turn them into a nameless number. They believe in the value of their Connections.

Again, you may not believe in all the same things the Amish do. You may not think the way they do. But it’s important that we expand our Know-How and gain all the insight we can... no matter the source.

When it comes to providing affordable healthcare to all, the Amish are doing things right.

They believe in natural cures. They demand the lowest prices. And they rely on their community instead of their state. It’s proven to be a healthy recipe that keeps their wealth where it belongs.

How to Save Money Right Now

If you are interested in learning more ways to cut your healthcare costs – including some ways to put the above ideas into action right away (without trading your car for a horse) – I urge you to head to the Manward Press website, log in to the *Manward Letter* section and check out the report called “Healthcare Hope: Four Ways to Beat the ACA.”

It details some simple tricks that could help you save thousands of dollars on annual healthcare expenses... including one that allows you to get your money back if you remain healthy.



Most folks have no idea these opportunities exist.

That's why we're in the midst of a huge generational transfer of wealth. Because of a lack of knowledge and the relinquishment of control, more folks than ever are dying broke.

They're slowly transferring their life's savings into a system that reeks of government waste and inefficiency.

But there are alternatives available. I urge you to learn about them and take advantage of them. You deserve to keep what's yours.

What I Told the FDA About CBD

My name is Andy Snyder. I'm the founder and publisher of Manward Press. And I'm not just here today on behalf of our 200,000 readers and their families. I'm here on behalf of my family, friends and every American watching today's events online.

Our nation is at a crossroads – one that should be clear to everyone in this room today. While the evidence supporting both the safety and the efficacy of CBD continues to pile up, response at the federal level has been slow at best... and nonexistent at worst.

Today, most Americans are under the impression that the research on CBD is insufficient. But that's merely a projection of the mainstream perception.

The truth is, there are more than 150 active clinical trials registered with the U.S. National Library of Medicine as I speak to you right now.

In fact, multiple published studies in the Library of Medicine confirm the safety profile and efficacy of CBD. One recent review of 132 studies found that not only is CBD safe... it's a powerful antioxidant that is more effective than vitamins C or E at protecting the human brain.

Make no mistake. This is just scratching the surface of CBD's potential for mainstream, widespread application in human health optimization.

I believe that – if the folks charged with liberating CBD from its shackles make the right decisions – CBD is just a few years away from being regarded no differently from vitamin C or any other common drugstore vitamin. The main difference will be that,

unlike with vitamin C, the average American will be able to experience significant tangible health benefits from CBD.

For many, CBD has already become the go-to natural solution for a variety of concerns. Like one of my readers, Frank B. Frank wrote in to tell me about his experience with CBD. Here's just a short sample of what he had to say:

I am an old guy who still works pretty hard. My friends are all older loggers, farmers and equipment operators who still are working because we enjoy it.

We are using CBD oils and rubs to get through the aches and pains that come from that kind of work. This stuff makes it so we can keep going without the pain.

Ladies and gentlemen, we're talking about a safe, natural compound with seemingly endless benefits for users... one with very little – if any – risk of significant downside.

For my money, CBD may be one of God's greatest gifts to mankind in the pursuit of health. It's outrageous that corporate greed and red tape have forced most Americans to spend the last eight decades in the dark.

But today is our chance to learn from the mistakes of the past... open our eyes to the compelling scientific and anecdotal evidence... and harness the power of nature to put our health back into our hands.

Thank you.



THIS MONTH'S STOCK PICK

Andy Snyder has made his followers rich. After leaving one of the nation's leading brokerages, Andy decided to take his wealth-exploding advice to the masses. Using his nearly two decades in the investing business, he provides clear and easy-to-follow guidance on the best stocks to invest in each month in Manward Letter.

Franklin's Cure for Cancer

An Electrifying Stock Set to Double

This may be the most intriguing stock that I've ever recommended. Out of the hundreds or even thousands that I've researched, analyzed and written about, none are as utterly fascinating as this one.

What you may find odd, especially once you know more about this high-tech company, is that it serves as the perfect complement to my findings and thoughts on Amish healthcare.

It's powerful to understand that as wise as the community-focused, old-fashioned farmers are about some things... they'd never uncover technology like this.

It proves our main thesis in all of this... this whole project of ours. It proves that one man's thoughts, wisdom and experience are never enough. It takes a collection of unique minds and ideas to do great things.

It is further proof that our Connections are far more powerful than most folks understand. In fact, that's the perfect segue into this company and its technology.

Did Franklin Cure Cancer?

It's no secret that our brain runs on electric signals. If you'll bear with me as I brush the dust off my old physics books, you'll remember the world and everything in it are held together with electrical charges.

In fact, it was our old friend Benjamin Franklin who scratched his head long enough to figure out that certain types of matter have a positive charge, while others have a negative charge.

By manipulating those charges, Franklin and his electrified colleagues learned they could do great things. The world was forever changed.

As much progress as they made and as much good as they did... Franklin and his fellow scientists would still have been flat-out stunned to hear what the folks at **Novocure** (NVCR) are up to these days.

They're using the simple physics that fascinated Franklin so much to extend the lives of cancer patients. It's astonishing. It's what happens when basic laws of nature meet modern technology.

There's Hope... Finally

Until Novocure received its final nod from the folks at the FDA in 2011, patients suffering from glioblastoma, the most common and deadliest type of brain cancer, had not seen a new and effective product aimed at their ailment in more than a decade.

Progress was slow, and hopes of a miracle that could extend lives were quite low. But Israeli professor Dr. Yoram Palti was working on some brilliant technology.

Like I said, it's basic physics. But then again... so are the moon and the stars. And we don't see many folks replicating the beauty in those.

Dr. Palti recognized that cancer cells need just the right electrical charge in order to replicate. As cancer grows and spreads, its core elements — proteins known as tubulin and septin — must position themselves just right.

In big words, tubulins align to form mitotic spindles, while septins align to form contractile rings. In simple terms, cancer cells grow when the electric field surrounding them is perfectly in tune.

Dr. Palti had a hunch that if he could disrupt that field, he could disrupt the growth of deadly cancer tumors. He was right. His invention is now produced by the company he founded — Novocure — and is referred to as Tumor Treating Fields. It works quite simply.

A Powerful Hat

Using the company's first FDA-approved product, called Optune, patients tape a set of three electrode-filled pads to their heads. The set is connected to a sort of computer that controls the electric impulses generated by the pads.

Together, they generate electric fields that alternate from one side of the head to the other some 100,000 to 300,000 times per minute.



This alternating pattern disrupts the electric field that surrounds the cancer cells and effectively stops or slows their growth. It works because normal cells rarely replicate this way. When they do, their electric field operates at a different frequency.

In other words, by tuning it to the right frequency, Novocure's technique harms only the bad cells. Good cells are left unharmed and healthy. The results are clear.

A large clinical trial showed that by simply adding the Optune treatment to the standard chemotherapy regime, patients had a much stronger shot at living more than five years beyond their initial diagnosis. At a 13% chance, the odds aren't great, but it sure beats the 5% survival rate for traditional treatments alone.

Nearly half (43%) of patients who used Optune were alive two years after their initial diagnosis. That compares with 31% of patients on chemotherapy alone.

Plus, folks using the treatment maintained their mental and physical well-being for up to a year longer.

"This is much more than a modest benefit; it's a huge jump in two-year survival," said Dr. Suriya Jeyapalan, a neuro-oncologist who participated in the Novocure clinical trial and now prescribes Optune to her patients.

It's not a cancer cure-all, especially when it comes to brain cancer. But this high-tech treatment sure beats the old-school alternative. Plus, it shows tremendous odds of fighting other forms of cancer. That's where things get really exciting.

So far, Optune has been tested and approved on brain tumors only. It impressed the FDA with treatments for recurrent and newly diagnosed glioblastoma. But the company believes its technology can treat more than one type of cancer.

That's why it's currently in critical Phase 2 trials for liver cancer and mesothelioma and in Phase 3 trials for lung, pancreatic and ovarian cancers. Plus it's in late-stage trials for a treatment for brain metastasis – cancer that has spread to the brain from other parts of the body and affects more than 25% of all cancer patients.

But even with all that, Novocure isn't done yet. It is doing pre-trial work on 12 other forms of tumors and cancers. The bottom line is that it's doing good work with some fascinating, one-of-a-kind technology.

Opportunity Abounds

Clearly the key to a profitable investment in Novocure lies in its pipeline. Right now, the company has one main product... aimed at brain cancer. But as it is able to modify its technology to create electric fields that can destroy other types of tumors, its product lineup will expand and business could grow exponentially.

We're already seeing it. In 2015, for example, the company saw sales of just \$33 million. That's when the FDA approved Optune for newly diagnosed glioblastoma (four years after its initial approval).

Selling that same product last year, though, Novocure saw sales eclipse the \$245 million level. It shows just how much attention the \$21,000-per-month treatment is getting in the medical market.

Now... imagine the attention and sales the company will get when it has not one... not two... not three... but four or more versions of its product fighting several different types of cancer. The share price could easily double or more as this vision becomes reality. And the sky's the limit if the technology shows the ability to fully eradicate any type of cancer.

There is still no cure for brain cancer. Most patients die less than two years after a diagnosis. But thanks to basic physics and new technology to harness it, Novocure is adding months, if not years, to the lives of patients suffering from this horrendous disease.

Because of that, the future looks bright for the company. Not only is its technology on the brink of approval for other deadly forms of cancer, but as technology progresses and as the smart folks behind the company refine their work, countless more lives could be helped... if not saved.

Ultimately, if doctors can stop cells from replicating, they can cure cancer. That's a big dream. But it makes Novocure a stock worth investing in and adding to our Everyman Portfolio.

It's using high-tech tools to do big things with old-fashioned physics.

Action to Take: Buy shares of **Novocure** (Nasdaq: NVCR) at market. When you do, immediately enter a 25% trailing stop.



Dr. Phil Roberts is a renowned and sought-after expert in anti-aging functional and regenerative medicine and is board-certified in emergency medicine. He shares his insights each month on our healthcare system, patient care and how to achieve optimal health.

Clipboard Medicine

Who's Calling the Shots?

By Dr. Phil Roberts, M.D.

Shortness of breath is a critical health event.

It's the most dangerous, nontraumatic symptom that emergency department physicians encounter. And it can lead to *very poor* outcomes.

In this situation, quick thinking is crucial for caregivers. Yet their thinking is often stopped in its tracks by hospital red tape. I've dealt with it firsthand as an ER doc.

Let me show you what I mean... and how, as a patient, you can overcome this potentially deadly situation.

The Root of It

Having shortness of breath is fairly straightforward.

You cannot breathe correctly. You may feel scared, dizzy and fatigued. Your emergency department healthcare team needs to determine how sick you actually are. Is it mild, moderate or severe? Do you just need some supplemental oxygen... or do you need to be intubated?

They are trying to understand the root of your problem so they can reverse it as quickly as possible.

Is it a cardiac event? Pulmonary? Blood clot... pneumonia... reflux? Allergic reaction or drug-to-drug interaction? You get the picture.

But new criteria established thanks to Obamacare became a roadblock. I had to fight to overcome it if I was going to help – or save – my patients.

A Muddy Situation

With the passage of Obamacare, reimbursement for illnesses became muddier. The government and insurance companies made decisions way above my pay grade.

As a caregiver for sick Americans, I found these changes maddening. People who were too sick to go home would fail to meet the criteria needed to be admitted to the hospital. The flexibility to give the patient the benefit of the doubt was gone.

In my previous 25 years of practice, admitting patients who were sick and needed to be in the hospital was no problem.

With Obamacare, a scoring system or checklist replaced common sense.

If you came in and did not meet the checklist, we were supposed to send you home for outpatient care the next day or several days later.

And after we spent time with the patient, the admitting administrative nurse would need to be notified. She would review the chart, orders and lab results, spend five to 10 minutes with the patient, and then announce that they did not meet criteria for admission.

With this one short sentence, my decades of front-line training, skills, clinical insight and responsibility to protect life were ignored.

The two to four hours spent evaluating the patient were thrown out.

All you needed was a clipboard and some criteria to determine whether someone needed to be in the hospital.

I quickly became furious and outraged over this cavalier methodology for admission. Clipboard medicine was now being used to decide what was best for patients.

Having personally treated more than 100,000 patients at this point... or having the ability to recognize who needed to be in the hospital... meant nothing.

I knew it was not safe to send them back home.

Somewhere in the next 24 hours the patients' symptoms would reveal what was going on. But they needed to be in the hospital in order to be treated right away. So I learned how to fight back.

My response became *"They are too sick to go home, and I am not willing to put my license on the line. We need to put them in for observation."* Only then would the patient be placed in the hospital.



Decide Your Own Fate

So what can you do if you come face-to-face with a clipboard that is deciding your fate?

If you find yourself with a loved one in the emergency department or even at a physician's office and know they are too sick to go home, **STAY! It does not matter what they say.**

Tell them, "I really need your help. My loved one is too sick to go home. I need you to please help us figure out what is wrong, but they cannot go back home. I cannot manage them there."

If that doesn't get you what you need, then appeal to a supervisor. Also, connect to an excellent (that is, competent) insurance agent who knows the ins and outs of Medicare and all the other insurance options. Have them review your policies. Get to know your coverage, and see if there are additional coverage options that may be available to you.

Put yourself in a position to take charge. Don't let faceless bureaucrats put your – or a loved one's – life at risk.

To your optimal health,

Dr. Phil Roberts, M.D. ■

The Everyman Portfolio

Company/Symbol	Rec. Date	Rec. Price	Curr. Price	Rating	Trailing Stop	Total Gains
Assurant Inc. (NYSE: AIZ)	Apr-17	\$95.11	\$106.77	Buy	\$80.79	17.62%
CACI International (NYSE: CACI)	Feb-19	\$172.51	\$203.00	Buy	\$156.57	17.67%
Constellation Brands (NYSE: STZ)	Dec-18	\$193.21	\$187.23	Buy	\$158.83	-2.32%
Golub Capital BDC (Nasdaq: GBDC)	May-18	\$17.96	\$17.60	Buy	\$13.29	7.57%
Herc Holdings (NYSE: HRI)	Jun-19	\$37.91	\$40.50	Buy	\$30.38	6.83%
Novocure (Nasdaq: NVCR)	Jul-19	New	New	Buy	25% TS	New
ProShares Short FTSE China 50 ETF (NYSE: YXI)	Jan-19	\$21.42	\$19.96	Buy	\$16.19	-6.63%
ResMed Inc. (NYSE: RMD)	Oct-17	\$76.53	\$118.50	Buy	\$89.65	58.15%
Waste Management Inc. (NYSE: WM)	Apr-17	\$72.84	\$113.97	Buy	\$97.39	62.18%

The Own What You Know Portfolio

Company/Symbol	Rec. Date	Rec. Price	Curr. Price	Rating	Trailing Stop	Total Gains
Alamo Group (NYSE: ALG)	Oct-18	\$90.33	\$97.98	Buy	\$79.17	8.86%
Copart (Nasdaq: CPRT)	Nov-18	\$50.30	\$73.22	Buy	\$56.13	45.57%
Flagstar Bancorp Inc. (NYSE: FBC)	May-19	\$35.25	\$31.81	Buy	\$26.29	-9.65%
Visa (NYSE: V)	Sep-18	\$147.80	\$169.56	Buy	\$128.69	15.23%
Zoetis Inc. (NYSE: ZTS)	Mar-19	\$95.72	\$110.81	Buy	\$83.58	15.94%

*Based on official sell date. Gains include dividends.

Last Update: 6/17/19



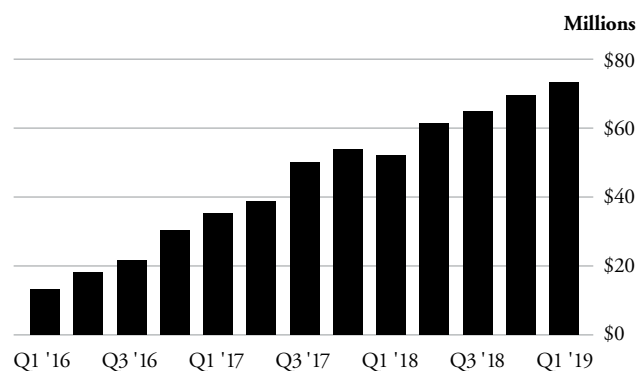
Appendix

About the cover image:

Your humble founder heads to the FDA to speak his mind about CBD and its horrific treatment by regulators. The FDA's hearing on cannabis-derived products comes after decades of government deceit have kept the miraculous plant out of the public's (legal) reach. A 1970s commission on cannabis found it to be less of a menace to society than feared. But that report was ignored. Even as late as 2005 the FDA strangely issued a statement that cannabis had no medical value – despite all the heavy research in its favor. The plant has a long uphill battle to quiet its critics. And that's why we're standing up to the FDA.



Novocure Record Quarterly Revenue

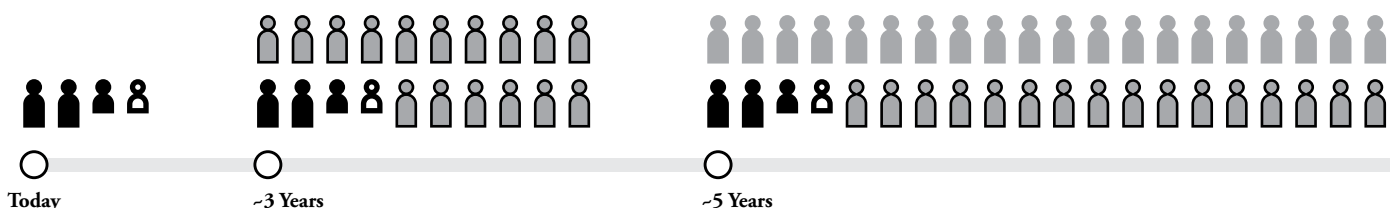


Source: Company Reports

Novocure Potential Addressable Market

= 5,000 cases diagnosed annually in the U.S.

- Glioblastoma (GBM)
- Mesothelioma (MPM)
- Brain metastases from non-small cell lung cancer
- Non-small cell lung cancer
- Pancreatic cancer
- Ovarian cancer



Source: Company Reports

Further Reading

“Sharing the Load: Amish Healthcare Financing,” *Healthcare*: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5198134/>.

“Hospital Develops Package Prices to Lure Cash-Paying Patients,” *Modern Healthcare*: <https://www.modernhealthcare.com/article/20190202/TRANSFORMATION04/190129925/hospital-develops-package-prices-to-lure-cash-paying-patients>.

“Healthcare Hope: Four Ways to Beat the ACA,” *Manward Letter*: <https://manwardpress.com/manward-letter/letter-reports/healthcare-hope/>.

“An Update on Safety and Side Effects of Cannabidiol: A Review of Clinical Data and Relevant Animal Studies,” *Cannabis and Cannabinoid Research*: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5569602/>.

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