Decreasing Healthcare Costs by Addressing the Causes of Chronic Ill Health

A Multiyear Plan to Redirect America's Food and Healthcare Incentives
from *Maintaining Predicted Decline* to *Restoring Health and Resilience*

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America's healthcare cost crisis—projected to reach about $*6 Trillion* in 2026—begins long before anyone receives a medical bill. [1] Public money supports agricultural production without requiring any proof that it is delivering proper human nutrition, while healthcare rewards the volume and price of treatment much more than restoring health. Families and businesses pay throughout the process—and again through lost earnings and diminished workforce capacity.

The goal of this Congress should be to shift incentives from paying for **maintenance of predicted decline**—in which revenue continues as deteriorating health requires more management—to **restoration of health and capacity**, with financial rewards tied to sustained improvement and a decreasing need for treatment.

This requires significant changes in Big Agriculture and Big Food: redirecting public support toward growing nutritious human food, changing processing and packaging practices to protect the biological processes needed for healthy function, and making affordable nourishment the focus—from seed to supper and back to the soil.

The first five years of a child's life establish much of the foundation for food preferences and choices that have enduring effects across the lifespan. [5–7] Making sure the dietary choices available during pregnancy and those formative years are actually healthy belongs at the beginning of a national plan to restore health. [8]

Caitlin Owens' November 5 article, "Democrats' big challenge on health care costs," describes the immediate choices facing Congress. [13] Lower drug prices, fairer hospital payments, and affordable coverage deserve action. Families need immediate relief. Lasting affordability also requires reducing preventable illness and changing the financial incentives that drive the ever-increasing costs of care.

The change will require a coordinated, multiyear plan to restore health and, in doing so, reduce the need for expensive treatment dependencies that can last decades.

Chronic ill health conditions are the leading drivers of healthcare spending. [2] Meanwhile, consolidation can increase the prices charged for care. [3] Addressing either side alone leaves a substantial part of the problem intact.

Agriculture, food processing, healthcare, pharmaceuticals, and insurance form what I call The *Modern Pentagram*. Profits are taken as payments move through each of these sectors while families and businesses bear the costs of illness, lost earnings, disability, and diminished workforce capacity. Their financial success depends on allowing largely

avoidable chronic illnesses to continue without accountability for restoring health. That is when the current process becomes extraction.

The added bonus for little costs is that changing the farming techniques to producing biologically compatible products will clean up the environment at the same time.

Public policy should reward measurable improvements in health throughout this system.

Years one and two: redirect existing support and establish accountability.

Begin with agriculture and a transparent accounting of existing public spending. Identify which subsidies and incentives can be redirected toward growing nutritious food for people. Develop a Biological Compatibility Standard (BCS) to identify harmful exposures and assess how food, processing, and packaging affect biological function. Congress should require FDA review to assure adherence to the BCS before companies market new uses of food ingredients. Congress should end the Generally Recognized as Safe (GRAS) exemption.

Reviewing pesticides already prohibited in Europe is an immediate place to start. The first opportunity to reduce those exposures is at the farm, where the chemicals enter the soil and can reach water and food. Publish the amounts, proposed uses, transition costs, and expected public benefits.

USDA forecasts $47.4 billion in direct government farm payments for 2026. [4] These payments comprise different programs, including temporary assistance, but demonstrate that substantial public support already exists. A credible plan must show, program by program, what can be repurposed to healthy foods for human consumption, and what requires additional funding.

Farmers need a workable business proposition: transition financing, technical assistance, dependable buyers, and access to processing, storage, and distribution. Public purchasing by schools, hospitals, and other institutions can help establish those markets. Greater production and economies of scale should lower the cost of producing and distributing nutritious food, while competition helps pass those savings on to families.

A guest-worker program should address documented seasonal and regional labor shortages, with fair wages, enforceable working conditions, and worker mobility. Investment in machinery for tending and harvesting diverse food crops should improve productivity and reduce arduous work. Smaller producers need access through financing and cooperative ownership.

Establish baseline health and cost measures immediately, with public reporting beginning in the first year.

Years three through five: expand successful production and change what healthcare rewards.

Processing should preserve nutritional value, and ingredients and packaging should meet enforceable safety requirements based on documented biological compatibility. [9] Protection from harmful exposures must extend to water, air, workplaces, and consumer products.

Healthcare payments should reward prevention, recovery, restored function, and sustained improvement. Independent evaluation must protect access to necessary care and prevent organizations from improving their statistics by avoiding sicker patients.

Ownership and governance belong in this reform. Congress should develop a phased requirement for investor-owned healthcare businesses to adopt enforceable public benefit obligations or meaningful employee ownership, with financing and continuity of care protections. A public benefit designation alone is insufficient: health obligations must be explicit, measurable, and enforceable. [11, 12]

Years six through ten: demonstrate sustained improvements and reinvest the gains.

Continue publishing annual results on food affordability, farmer viability, new illness, complications, functional independence, household costs, public expenditures, and workforce participation. Expand measures that work and correct those that fall short.

The objective is exceptional, sustained improvement in health, accompanied by a continuing reduction in preventable illness and its economic drain. Verified savings should support both taxpayer relief and investment in the conditions that sustain those gains. Reduced public expenditures must be connected explicitly to a lower tax burden; household and employer savings must reach the people paying the bills.

Education belongs in that investment. Nutritious food supports children's readiness to learn. [10] Education must develop lasting knowledge, reasoning, practical competence, and adaptability for the world students will inherit and shape. Its direction must reflect enduring and emerging needs rather than passing fashions.

Every job created requires a worker healthy enough—and prepared enough—to do it.

Voters deserve to see the whole map: where their money goes, what will change, when results should appear, and how the gains will reach them. The benefits are concrete: affordable real food, healthier children, stronger farms, greater independence, a capable workforce, and significantly less income consumed by preventable illness.

Democrats have an opportunity to earn durable public support by working with farmers, families, businesses, and healthcare professionals to deliver that plan. Opposition

should face public scrutiny through documented financial interests, lobbying, and actions.
Americans are already paying. They deserve a system organized to support their health and future—and a public accounting that shows it does.

References: grouped by the claims they support.

Healthcare costs and incentives

[1] **Fiore JA, et al. (2026).**

National Health Expenditure Projections, 2025–34. *Health Affairs*.
Source for projected healthcare spending of approximately $6 trillion in 2026, rising toward $9 trillion in 2034.

Health Affairs

[2] **CDC (2026).**

About Chronic Diseases.
Supports the connection between chronic illness, disability, dietary risk factors, and healthcare expenditures.

CDC

[3] **Congressional Budget Office (2024).**

Hospital and Physician Consolidation and Its Impact on the Federal Budget.
Supports the discussion of consolidation, higher prices, and increased public expenditures.

www.cbo.gov

Agricultural spending

[4] **USDA Economic Research Service (2026).**

Farm Sector Income Forecast.
Source for the $47.4 billion forecast in direct government farm payments for 2026, including temporary assistance.

www.ers.usda.gov

Pregnancy and early food preferences

[5] **Mennella JA, Lukasewycz LD, Castor SM, Beauchamp GK (2011).**

The timing and duration of a sensitive period in human flavor learning: a randomized trial. *American Journal of Clinical Nutrition.*
Experimental evidence that the timing of flavor exposure in infancy influences subsequent acceptance.

PubMed

[6] **Nicklaus S, Boggio V, Chabanet C, Issanchou S (2004).**

A prospective study of food preferences in childhood. *Food Quality and Preference, 15*, 805–818.
Tracks preferences established at ages two to three into childhood, adolescence, and young adulthood.

ScienceDirect

[7] **Arts J, et al. (2026).**

Associations of food parenting practices in early childhood with dietary intake, BMI, and weight status in young adulthood. *Nutrition Journal, 25*, 72.
Links feeding practices at age five with dietary choices around age nineteen.

Springer Nature Link

[8] **USDA Nutrition Evidence Systematic Review (2020).**

Influence of Maternal Diet on Flavor Transfer to Amniotic Fluid and Breast Milk and Children's Responses.
Supports including pregnancy and maternal diet in the discussion of early flavor experience.

nesr.usda.gov

Packaging and biological function

[9] **Nature (2026).**

Intrinsic physicochemical activity at microplastic–water interfaces.
Documents spontaneous ROS generation and experimental biological damage. Supports examining biological compatibility; it does not establish identical effects from every packaging material.

Nature

Education and corporate reform

[10] **CDC.**

About School Nutrition.
Supports the relationship between nutrition, brain development, attention, attendance, and learning.

CDC

[11] **Delaware Code, Title 8, §§362–366.**

Public Benefit Corporations.
Establishes the existing PBC framework and explains why explicit health obligations and accountability would be needed.

delcode.delaware.gov

[12] **U.S. Department of Labor.**

Employee Ownership Initiative.
Explains employee stock ownership plans, worker cooperatives, and employee ownership trusts.

www.dol.gov

[13] Owens C. (2026, November 5). Democrats' big challenge on health care costs. Axios. Read article

The ten-year timetable, subsidy redirection, ownership requirements, and division of savings would be my main policy proposals. The references establish the supporting evidence and existing structures.

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